

<b>*DATE:</b>	<b>*TIME:</b>	<b>*SUNSET +30:</b>	<b>UNIT ID:</b>
<b>*INCIDENT NAME:</b>			<b>INCIDENT #:</b>
<b>* DESCRIPTIVE LOCATION:</b>			<b>*ELEVATION:</b>
<b>*DISPATCH PHONE NUMBER:</b>			
<b>*LAT: GIVEN AS: DEGREES – DECIMAL MINUTES</b>		<b>*LONG: GIVEN AS: DEGREES – DECIMAL MINUTES</b>	
<b>NATIONAL FLIGHT FOLLOWING FREQUENCY</b>		<b>168.650 TX TONE: 110.9 RX TONE 110.9</b>	
<b>*DISPATCH CENTER CALL SIGN</b>	<b>* RX: TX:</b>	<b>*TONE RX TONE: TX TONE:</b>	
<b>AIR CONTACT:</b>	<b>* A/A FREQUENCY:</b>	<b>*TONE:</b>	
<b>*GROUND CONTACT:</b>	<b>*A/G FREQUENCY:</b>	<b>*TONE:</b>	
<b>*OTHER AIRCRAFT:</b>			
<b>*HAZARDS:</b>			
<b>*MTR/SUA:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>*TFR:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NOTAM #</b>			
<b>COMMENTS:</b>		<b>HELICOPTER DIP SITE:</b>	<b>*RELOAD BASE:</b>

**SOUTHWEST AREA – INITIAL ATTACK AIRCRAFT FORM**

**\* REQUIRED FIELD**

**FLIGHT FOLLOWING: AGENCY [AFF OR 15 MINUTE CHECK-IN]**