



Temporary Flight Restriction Request Form

Date/Time: _____		Person Requesting TFR (Name/Position): _____			
Dispatch Office: _____		_____			
Dispatch Phone: _____		_____			
Resource Order Number: _____		ARTCC: _____			
Request Number: _____		ARTCC Phone: _____			
Wildfire TFR or Prescribed Fire TFR (check one): ☐ Wildfire ☐ Prescribed Fire					
Prescribed Fire TFR Request must meet one or more of the following criteria (check those that apply):					
☐ Within dimensions of a MTR, MOA, or other defined Special Use Airspace.					
☐ Within 4 NM of an airport, as published in the Airport/Facility Directory, using the Airport Reference Point (ARP), not the airport airspace classification boundary.					
☐ Operations within one-half mile of VFR charted Energy Infrastructure (e.g. powerline, pipeline).					
☐ RX Ai Operations requiring 3 or more aircraft to meet burn objectives.					
Circular – Degrees Minutes Seconds Only – Round Seconds to '00' or '30' to fit needs.					
LAT/LONG of Center Point (US NOTAM Office Format dddmmssN/dddmmssW)		RADIUS (NM) (7NM suggested for wildland fire, 1 NM suggested for RX)			
_____ N _____ W		_____ NM			
Polygon (List perimeter points in clockwise order beginning in Northwest corner) For NES Input use the same NAVAID for each point. Do not use NDB or T-VOR. For LAT/LONG use Degrees Minutes Seconds only – round Seconds to '00' or '30' to fit needs.					
Point #	LAT/LONG Format (ddmmssN/dddmmssW)	Point #	LAT/LONG Format (ddmmssN/dddmmssW)		
1	_____ N _____ W	5	_____ N _____ W		
2	_____ N _____ W	6	_____ N _____ W		
3	_____ N _____ W	7	_____ N _____ W		
4	_____ N _____ W	8	_____ N _____ W		
NOTAM # of TFR being replaced _____ Altitude (MSL: ONLY) _____					
24-hour TFR? _____ or Daytime Operational Hours: (UTC) _____ to _____					
Incident TFR Duration: _____ to _____ (estimate no further than 2 weeks out for WF/2 days for RX)					
Geographic Location of Incident (NM from nearest well-known location recognizable to general aviation, city, state) _____					
Agency in Charge _____		Incident Name _____			
24-hour Phone Number _____		VHF – AM Air to Air Frequency _____			
This TFR will affect the following Special Use Airspace (MOA, RA, WA, PA, AA): _____					
This TFR will affect the following Military Training Routes:					
Route	Segment(s)	Scheduling Activity	Route	Segment(s)	Scheduling Activity
NOTAM # _____ Time Issued _____ Date ____/____/____					
Date/Time TFR Cancelled: _____ By: _____					