FLIGHT SCHEDULING FORM

Complete the blue area and click here to submit **Submit to CIC**

The green sections will be completed by the dispatch

Requesting Party		Date	Time
Telephone Number		Job Code	
E-mail		Override	

Requested Flight Information	Aircraft: ☐ Fixed-Wing ☐ Helicopter Cargo Only Flight: ☐ HAZMAT Cargo? ☐ No ☐ Yes: _____ Date Departure Time: **OR** Arrival Time:
Special Needs	☐ HOLD Aircraft at _____ airport for _____hours ☐ Other: ☐ Return Flight: Date Departure Time: **OR** Arrival Time:

PASSENGER/CARGO MANIFEST		Weight		Departure Airport	Destination Airport
		PAX	Cargo		
1	FWM*				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
	> > > > > > > > > > > > > > > SUBTOTAL	0	0	**Total Weight =**	0

* All agency flights require a Fixed-Wing Manager (FWM).

Date	Itinerary
N	
Make/Model	
Color	
Vendor	
Phone	
Pilot(s)	

Flight Type: ☐ Administrative ☐ Mission

Flight Following:
☐ Agency Flight Following ☐ FAA Flight Plan
☐ AFF ☐ Radio ☐ Phone:

Frequency	TX	RX	TX Tone
☐ National FF			
☐ Local FF			
☐ Local FF: Twin			
☐ Local FF: Walker			
☐ Local FF: Middle Fork			
☐ Local FF: Long Tom			
☐			

Administrative: ☐ OAS-23 ☐ FS 6500-122 (ABS)

Close Out By:

FLIGHT SCHEDULE

DEPART WITH			DEPART FROM			ENROUTE	ARRIVE			DROP OFF		KEY POINTS	RELAYED
DATE	PAX	LBS	AIRPORT/PLACE	ETD	ATD	ETE	AIRPORT/PLACE	ETA	ATA	PAX	LBS	(D/O, P/U, ETC.)	TO/FROM

Central Idaho Dispatch – 1.800.331.4833 or 208.756.5157