



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 ddmssN/ddmssW)	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 (ddmssN/ddmssW)	Point #	LAT/LONG Format (ddmssN/ddmssW)
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:** _____