

## **APPENDIX E - Interagency Flight Request Form**

**This form must be completely filled out in order to schedule a flight and be submitted electronically to the Interagency Aviation Officer.**

### **Name of Project / Mission:**

HELICOPTER		FIXED WING				
REQUESTING UNIT ( Agency, District, Subgroup):						
CONTACT PERSON:				CONTACT PHONE #: e-mail:		
Date of Request:				Planned Date(s) of Use:		
PROJECT DESCRIPTION (Describe the Scope and Type of Project)						
BASE OF OPERATIONS / PICK UP POINT:						
Latitude:			Longitude:			
Township:		Range:		Section:		
Pick-Up Time:				Estimated Duration of Project:		
DESTINATION POINT / PROJECT AREA:						
Latitude:			Longitude:			
Township:		Range:		Section:		
IS SPECIAL APPROVAL NEEDED FOR LANDING? IF SO, HAS APPROVAL BEEN COMPLETED? (Y / N) :						
NAMES OF ALL PASSENGERS AND FLIGHT WEIGHTS (Flight Crew Member Participant List on last page may also be used):				TYPE OF CARGO AND ACTUAL WEIGHT:		
ACCOUNT CODE (FS or NPS):				BILLEE CODE:		
AGREEMENT #:						

Flight Justification (select one):

- ☐ Explain why other methods of transportation or delivery are not adequate.
- ☐ Is this a non-emergency request that is time sensitive?
- ☐ Has a project aviation safety plan, PASP, been completed and approved for this mission?

**\*\*If the flight is postponed or cancelled for any reason, this authorization is good for 30 working days from the date and time listed in the flight data section. ALL passengers should be prepared with gear, food, and water in case of inclement weather or other unscheduled events.**

**REQUESTED BY:**

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date

All flight crew members are current in required aviation training for this project and the mission fits within the program described in the approved Aviation Management Plan.

**THIS SECTION TO BE COMPLETED BY NPS DIVISION CHIEF or FS PROGRAM MANAGER OF REQUESTING INDIVIDUAL**

The above requested flight is the most appropriate tool for the job. I recognize that all passengers and supervisors are required to be current and in compliance with required basic aviation training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INTERAGENCY AVIATION OFFICER REVIEW**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY NPS SUPERINTENDENT'S OFFICE or FS DUTY OFFICER IF APPROVAL IS NOT ALREADY PROVIDED VIA AN NPS DIVISION's OR FS PROGRAM's OPERATIONS PLAN**

The above requested flight is    **APPROVED**    **DISAPPROVED**    **MODIFIED AS NOTED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approval of this flight request form indicates authorization to charge any premium pay (i.e. overtime, hazard pay) incurred during the accomplishment of this mission to the account number provided above.**

**Flight Crew Member Participant List**