Temporary Flight Restriction Request Form

Date/Time: _____

Dispatch Office: _____

Dispatch Phone: _____

Resource Order Number: _____

Request Number: _____

Person Requesting TFR (Name/Position):

_____

_____

ARTCC: _____

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 ddmmssN/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:** _____

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