REQUEST FOR A TEMPORARY FLIGHT RESTRICTION

1) Enter Today's Date & Time

DATE: _____

TIME: _____

quires phone notification.

ARTCC _____

FAA PHONE:_____ FAX:

Resource Order Number: _____

Request Number: A - _____

2) Enter Incident # and Alpha # for the TFR

DISPATCH OFFICE _____

PERSON REQUESTING TFR

24 HR. PHONE (No Toll Free #s)

3) Enter your dispatch office, Air Attack or individual requesting the TFR and a ***24hr phone #***

Circular Degrees Minutes Seconds Only – use zero's for seconds if unavailable

LAT/LONG of Center Point
FICE FORMAT ddmmssN/dddmmssW)

N/ W

RADIUS (NM)
(5 NM is standard)

4) For a circle enter Lat/Long in Degrees/Mins/Secs ***NO DECIMALS!***

5) Enter radius, standard is ***5NM (nautical miles)***

n clockwise order). For NES Input: Use the same NAVAID if possible for

NAVAID (distance < 50 NM) - do not use NDB or T-VOR. (For lat/long - Degrees Minutes Seconds only)

Point #	Lat/Long format ddmmssN/dddmmssW		Point #	Lat/Long format ddmmssN/dddmmssW	
1	N	W	4		W
		W	5		W
		W	6		W

6) For a polygon, enter Lat/Long in Deg/Mins/Secs in a **CLOCKWISE** direction around the perimeter

7) Enter Altitude in MSL, Select 24 hr TFR or Daily Operational Hours.
Enter starting Date/Time for TFR. This must be entered in the format below. Enter the year, month, day and hour/minutes in ***ZULU Time.***
Zulu time is PDT + 7 hours or PST +8 hours.

NOTAM # of TFR being replaced_____

Altitude (MSL: Only) _____ Usually 3,000

24 hours a day? _____ **or** Daytime Operational Hours: (UTC) _____ to _____

Incident TFR Duration:_____ to _____ (Estimate – 2 months out is ok)

Format: YYMMDDhhmm to YYMMDDhhmm

Geographic Location of Incident (NM from nearest well known location rec

8) Enter location w/ cardinal direction and nautical miles from the nearest town. ***Do not use a body of water or other topographic feature.***

Agency in Charge _____ Incident Name _____

9) Enter your agency

10) Enter Incident Name

24 hour phone number (No toll Free #s)

11) Enter 24 hr #

VHF-AM Air to Air Frequency _____

This will affect the following Special-Use Airspace: (MOA, RA, WA, PA, AA):_____

12) Enter your NEW A/A AM. ***You only need to request 1 from the GACC***

This will affect the following Military Training Route

Route	SEGMENT(S)	SCHEDULING ACTIVITY	Route	SEGMENT(S)	SCHEDULING ACTIVITY

13) The GACC will fill out affected MTR's and MOA's and the remainder of the blocks

NOTAM # _____ Time Issued _____ Date _____/_____/_____

Date/Time TFR Canceled: _____ By: _____ Replaced by _____

Feb 2015
Approved by the Interagency Airspace Subcommittee
Suggestions for improvements may be sent to Julie Stewart at j5stewar@blm.gov