



1) Enter Today's Date & Time, your dispatch office, dispatch phone number, order number, and request number.

2) Enter Air Attack or person requesting with a 24 HR phone number.

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 Number and the airport airspace classification boundary.
- ☐ Operations within one-half mile of VFR charted features (e.g. powerline, pipeline).
- ☐ RX Air Operations requiring 3 or more aircraft to fit needs.

Circular

4) For a circle enter LAT/LONG in degree/min/sec. no decimal

(US NOTAM Office Format dddmmssN/ddmmssW)

N

5) For a polygon enter LAT/LONG in degree/min/sec in a clockwise direction around perimeter

RADIUS (NM)

(Suggested for wildland fire, 1 NM suggested for RX)

NM

6) enter radius. Standard is 7NM, nautical mile

Polygon

(List perimeter points in clockwise order beginning with the North point for each point. Do not use NDB or T-VOR. For LAT/LONG use the following format to fit needs.)

Point #	LAT/LONG Format (ddmmssN/ddmmssW)	Point #	LAT/LONG Format (ddmmssN/ddmmssW)
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 _____

8) Enter your Agency

Incident Name _____

Phone Number _____

9) 24 HR number

HF - AM Air to Air Frequency _____

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

10) Enter incident name, and new A/A Am frequency. You only need to request 1 from the GACC

7) enter Altitude in MSL

24Hr TFR Y/N and HRS in ZULU time.

Enter location with cardinal direction and NM from nearest (well known) town

This TFR will affect the following Military Training Routes:					
Route	Segment(s)	Scheduling Activity	Route	Segment(s)	Scheduling Activity
	<div style="border: 1px solid black; padding: 10px; text-align: center;"> 11) The GACC will fill out affected MTR's and MOA's and the remainder of the blocks </div>				
NOTAM # _____ Time Issued _____ Date ____/____/____ Date/Time TFR Cancelled: _____ By: _____					

PMS 520-2 (05/24)

<https://www.nwcg.gov/publications/pms520-2>