

REQUEST FOR AIRCRAFT SERVICES

(Requests should be made to dispatch at least 48 hours prior to flight)

REQUESTING UNIT: _____ CONTACT PERSON: _____
AIRCRAFT NEEDED: _____ HELICOPTER _____ FIXED WING _____
JOB CODE(s): _____ PROJECT MGR./ _____
PROJECT LEADER: _____
PROJECT PLAN REQUIRED? _____ USER CODE: _____ USAGE CODE: _____
FLIGHT _____ TIME TO BE _____ LEGAL _____
DATE: _____ ON SITE: _____ LOCATION _____
LATITUDE/ _____ DESCRIPTIVE _____
LONGITUDE: _____ LOCATION: _____
DESCRIPTION OF MISSION (RECON, PAX TRANSPORT, CARGO, AERIAL IGNITION, ETC.):

FLIGHT FOLLOWING/COMMUNICATIONS INFORMATION:

Rx:	Tx	TTone	Notes:
#PAX: _____	1	NAME: _____	WEIGHT: _____
(Star* any Non-FS	2	NAME: _____	WEIGHT: _____
passengers and	3	NAME: _____	WEIGHT: _____
complete Day Trip	4	NAME: _____	WEIGHT: _____
authorization)	5	NAME: _____	WEIGHT: _____
	6	NAME: _____	WEIGHT: _____

CARGO TYPE (CAMP GEAR, CUBIES, CHAINSAWS, HAZ. MAT.: FUEL, COMPRESSED GAS, BATTERIES--DRY OR WET CELL, PAINT, FIREARMS, PEPPER SPRAY, ETC):

TOTAL CARGO WEIGHT: _____

LONG LINE REQUIRED? YES _____ NO _____ LINE LENGTH REQUIRED: _____

OTHER EQUIPMENT NEEDED (NETS, LEAD LINES, FLIGHT SUITS, SNOW PADS, ETC.):

GROUND

CONTACT: _____ FREQUENCY: _____

ESTIMATED TOTAL TIME REQUIRED FOR MISSION: _____

ADDITIONAL INFO OR REMARKS, HAZARDS: _____

****NOTE** ALL PERSONS TRANSPORTED IN HELICOPTER ARE REQUIRED TO WEAR LEATHER BOOTS, GLOVES (LEATHER OR NOMEX), NOMEX CLOTHING (w/2" OVERLAP), AND FLIGHT HELMET. NO SYNTHETIC MATERIALS MAY BE WORN NEXT TO THE SKIN.**