

Form 9400-1a AIRCRAFT FLIGHT REQUEST/SCHEDULE										Change #		6. Aircraft Information FAA N#		
1. Initial request information			Cost-Account/Management Code(s)			Billee Code (OAS A/C only)			Flight Schedule No.		PAX Seats			
Initial Date/Time	To/From	Phone Number							Make/Model					
									Color					
Check One:	Point-to-Point Flight		Mission Flight		Desired A/C Type:		Helicopter		Airplane		Vendor			
Mission Objectives/Special Needs:										Phone No.				
										Pilot(s)				
2. Passenger/Cargo Information – Indicate Chief of Party with an asterisk (*)														
NAME/TYPE OF CARGO		LBS OR CU FT	PROJECT ORDER/ REQUEST NO.		DEPT ARPT	DEST ARPT	RETURN TO	NAME/TYPE OF CARGO		LBS OR CU FT	PROJECT ORDER/ REQUEST NO.	DEPT ARPT	DEST ARPT	RETURN TO
3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)														
DEPART WITH			DEPART FROM			ENROUTE	ARRIVE AT			DROP OFF		KEY POINTS		INFO RELAYED
DATE	No. Pax	Lbs.	Airport/Place	ETD	ATD	ETE	Airport/Place	ETA	ATA	No. Pax	Lbs.	Drop-Off Points, Refueling Stops, Flight Check-Ins, Pickup Points		To/From
						+								/
						+								/
						+								/
						+								/
						+								/
						+								/
4. Flight Following:			(RX-/TX – 168.350 Nat'l Flight Follow)			5. Method of Resource Tracking:					7. Administrative		8. Review (If applicable)	
FAA IFR			FAA VFR			Phone Radio					Type of Payment Document:		Hazard Analysis Performed	
Agency VFR with Check-In via radio every _____ minutes						To scheduling dispatcher @ _____					OAS-23		Dispatch/Aviation Checklist	
AFF capable						(Phone Number)					FS 6500-122		Other:	
						Prior to takeoff Each stop enroute Arrival at destination					Route document to:			
Frequencies:						To: _____ @ _____					9. Close-out		Closed by:	
						(Other Office) (Phone Number)							Date/Time:	

HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

I. MISSION FLIGHT HAZARD ANALYSIS (Fire flights exempt PROVIDED pre-approved plan is in place). The following potential hazards in the area of operation have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight.

Military training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc) Areas of high-density air traffic (airports); Commercial or other aircraft Wires/transmission lines; wires along rivers or streams or across canyons Weather factors; wind, thunderstorms, etc.	Towers and bridges Other aerial obstructions Pilot flight time/duty day limitations and daylight/darkness factors SUNRISE _____ SUNSET _____ Limited flight following communications	High elevations, temperatures, and weights: MAX LANDING ELEV (MSL) _____ MIN FLIGHT ALTITUDE AGL _____ Transport of hazardous materials Other:
--	---	--

II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST

Pilot and aircraft carding checked with source list and vendor, carding meets requirements Or, necessary approvals have been obtained for use of uncarded cooperator, military, or other government agency aircraft and pilots Check with vendor that an aircraft with sufficient capability to perform mission safely has been scheduled Qualified Aircraft Chief-of-Party has been assigned to the flight (noted on reverse) All DOI passengers have received required aircraft safety training Or, Aviation Manager will present detailed safety briefing prior to departure Bureau Aircraft Chief-of-Party will be furnished with Chief-of-Party/Pilot checklist and is aware of its use	Means of flight following and resource tracking requirements have been identified Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained Flight hazard maps have been supplied to Chief-of-Party for non-fire low-level missions Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken Chief-of-Party is aware of PPE requirements Cost analysis has been completed and is attached Other/Remarks:	NOTE: Reference Handbook 9420 for approval(s) required A. _____ (Chief-of-Party Signature) B. _____ (Dispatcher or Aviation Manager Signature Required) C. If Non-fire, one-time (non-recurring), special-use mission, signature of Line Manager is Required ** _____ (Line Manager Signature) _____ (Date) D. This Flight is Approved By: _____ (Authorized Signature) _____ (Date)
**For recurring Special-Use Missions, signature is required on Special-Use Air Safety Plan, and not required here.		