SWA REQUEST FOR TEMPORARY FLIGHT RESTRICTION

Date & Time:			

Resource Order #:		Request #:	A-	

Circular Degrees Minutes Seconds Only - use zeros for seconds if unavailable

LAT/LONG of Center Point (US NOTAM OFFICE FORMAT ddmmssN/ddmmssW):		RADIUS (nautical miles):	
N	**W**		

Polygon List perimeter points in clockwise order. Use Degrees, Minutes, Seconds format.

Point #	Lat/Long format **ddmmssN/ddmmssW**			Point #	Lat/Long format **ddmmssN/ddmmssW**			NOTAM # OF TFR being replaced:	
1		N	W	**6**		N	W	Altitude (MSL only):	
2		N	W			N	W	24 hours a day?:	
3		N	W			N	W	Daytime Operational Hours (UTC):	from:
4		N	W			N	W	Incident TFR Duration	from ___ to ___
5		N	W			N	W	Format: YYMMDDhhmm (UTC):	

Geographic location of incident (in nautical miles) from nearest well known location recognizable to general aviation or, nearest town/state:

Agency in Charge:	Incident Name:	24 Hour Phone Number:	VHF-AM Air to Air Frequency:

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

This will affect the following Military Training Routes:

SWCC Use

Route	Segment	Scheduling Activity	NOTAM #:	Time Issued:	Date:
				By:	Replaced by:
			Note:		