

*DATE:	*TIME:	*SUNSET +30:	UNIT ID:
*INCIDENT NAME:			INCIDENT #:
* DESCRIPTIVE LOCATION:			*ELEVATION:
*DISPATCH PHONE NUMBER:			
*LAT: GIVEN AS: DEGREES – DECIMAL MINUTES		*LONG: GIVEN AS: DEGREES – DECIMAL MINUTES	
NATIONAL FLIGHT FOLLOWING FREQUENCY		168.650 TX TONE: 110.9 RX TONE 110.9	
*DISPATCH CENTER CALL SIGN	*DISPATCH CENTER FREQUENCY RX: TX:	*TONE RX TONE: TX TONE:	
AIR CONTACT:	* A/A FREQUENCY:	*TONE:	
*GROUND CONTACT:	*A/G FREQUENCY:	*TONE:	
*OTHER AIRCRAFT:			
*HAZARDS:			
*MTR/SUA: <input type="checkbox"/> YES <input type="checkbox"/> NO		*TFR: <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:	HELICOPTER DIP SITE:	*RELOAD BASE:	

SOUTHWEST AREA – INITIAL ATTACK AIRCRAFT FORM

IF THERE IS AN * BY THE ITEM, YOU MUST HAVE INFORMATION IN THAT BOX

FLIGHT FOLLOWING: AGENCY [AFF OR RADIO] OR FAA [IFR OR VFR] (CIRCLE ONE)