FLIGHT OPERATIONS
(ALL LINES MUST BE COMPLETED)

Date of request: ____________________________

Person taking request: _______________________

Requestor name/contact number: ________________

Nature of request: ____________________________

Date/Time to arrive/location: __________________

Total flight time committed: ____________________

If passengers, # and approx. total weight: ______

Ground contact/LZ information:
(I.E. wires, trees, dirt/grass, paved, etc)

_____________________________________________________

Communication (freq. etc): _______________________

MANAGEMENT SECTION

Can we remain in service?? □ Yes □ No

If dedicated, what time to go out of service: ________ AM PM

Target Audience: ________________________________

County/Agency Involved: _________________________

Subject Matter (Choose one) Pathfinder □ Inservice □ PR □ Other □

Comments: ______________________________________

_________________________________________________________________

_________________________________________________________________

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_________________________________________________________________

APPROVED BY: ____________________________________

Placed in emscharts outreach: □ By: ______________________