Appendix 4 FLIGHT REQUEST FORM

NATIONAL PARK SERVICE – FAA#: AIRCRAFT FLIGHT REQUEST and NOTIFICATION	
1. INITIAL REQUEST INFORMATION Cost-Account/Management Code(s) Billee Code (OAS A/C only) Flight Schedule No.	PAX Seats
Initial To/From: Phone Make/Model Date/Time: Number:	
Color	
Check one: Point-to-Point Flight Mission Flight Desired A/C Type: Helicopter Airplane	
Mission Objective/Special Needs: Phone No.	
Pilot(s)	
3. PASSENGER/CARGO INFORMATION - INDICATE FLIGHT MANAGER WITH AN ASTERISK (*)	
NAME/TYPE OF CARGO LBS OR CU FT REQUEST NO. DEPT ARPT DEST ARPT TO NAME/TYPE OF CARGO CU FT REQUEST NO. DEPT ARPT DEST ARPT D	RETURN TO
4. FLIGHT ITINERARY (FOR MISSION-TYPE FLIGHTS, PROVIDE POINTS OF DEPARTURE/ARRIVAL AND ATTACH MAP WITH DETAILED FLIG ROUTE AND KNOWN HAZARDS INDICATED)	4T
	O 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
5. FLIGHT FOLLOWING Agency VFR With Check-In via radio/Sat Phone Every 6. METHOD OF RESOURCE TRACKING: Radio on freq: Radio on freq: Type of Payment Document:	
60 Minutes Frequency(ies): To Scheduling Dispatcher @	ie
Transmit:Receive: Prior to Takeoff	
Tone: @	e: