Appendix 4
FLIGHT REQUEST FORM

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE –
AIRCRAFT FLIGHT REQUEST and NOTIFICATION

2. AIRCRAFT INFORMATION

FAA#:

1. INITIAL REQUEST INFORMATION

Initial Date/Time:	To/From:	Phone Number:

Cost-Account/Management Code(s)

Billee Code (OAS A/C only)

Flight Schedule No.	PAX Seats
Make/Model	
Color	
Vendor	
Phone No.	
Pilot(s)	

Check one: ☐ Point-to-Point Flight ☐ Mission Flight Desired A/C Type: ☐ Helicopter ☐ Airplane

Mission Objective/Special Needs:

3. PASSENGER/CARGO INFORMATION – INDICATE FLIGHT MANAGER 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

4. 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

5. FLIGHT FOLLOWING

☐ Agency VFR With Check-In via radio Every 15 Minutes
Frequency(ies):

Transmit:_____**Receive:**_____

Tone:_____

☐ Aircraft equipped with automated flight following?

6. METHOD OF RESOURCE TRACKING:

☐ Phone ☐ Radio on freq:_____
To Scheduling Dispatcher @ _____
(Phone Number)

☐ Prior to Takeoff ☐ Each Stop Enroute ☐ Arrival at Destination
To: _____ @ _____
(Other Office) (Phone Number)

7. ADMINISTRATIVE

Type of Payment Document:

☐ AMD-23 ☐ FS 6500-122 ☐ Non-Revenue

8. CLOSE-OUT*

Closed by: Date/Time: