

Date of request: _____

Order #: _____

Requested by: _____

Phone : (____) _____

Member #: _____ Unit: _____

Facility #: N _____

Date of flight: _____

Alternate date: _____

PIC: Name: _____ Member # _____ Unit: _____

Aircrew: Name: _____ Member # _____ Unit: _____

Name: _____ Member # _____ Unit: _____

Instructor(s):

Name: _____ Member # _____ Unit: _____

Name: _____ Member # _____ Unit: _____

Trainee(s):

Name: _____ Member # _____ Unit: _____

Name: _____ Member # _____ Unit: _____

Purpose of Flight:

Area Familiarization
Communications Training
Mission Currency
Mission: _____
Observer Training
SAR
SAR Training
Other: _____

Pilot Training
Safety & Pollution Patrol
Overflight
Who: _____
Transport
Who: _____

Route or location of Flight: _____

Landline call just prior to flight will be to (CG unit): _____

Guard will be kept with (CG unit): _____

**NOTE: PIC MUST COMPLETE AND FAX TO DSO-AV
PRIOR TO FLIGHT**

Approved : _____

Date: _____

DSO-AV Sign