Form 9400-1a					UNITED STATES Change #								6. Aircraft Information					
(May 1993)					DEPARTMENT OF THE INTERIOR								FAA#					
В						BUREAU OF LAND MANAGEMENT												
AIRCRAFT FLIGHT REQUEST/SCHEDULE																		
1. Initial request information Cost-A					Account/Management Code(s)				Billee Code (OAS A/C only)				Flight Schedule No.			PAX Seats		
Initial To/From Phone Number				_									Make/Model					
Date/Tin	Date/Time												Color					
											Vendor							
	Check one: • Point-to-Point Flight • Mission Flight Desired A/C Type: • Helicopter • Airplane																	
Mission	Objective/	Special Need	S:									Phone No.						
													Pilot(s)					
2. Passes	nger/Carg	o Information	- Indicate Chief of	Party with an	asterisk (*)													
			JECT ORDER		DEPT DEST		N N	NAME/TYPE OF CARGO				T ORDER/ DEPT		DEST RETURN ARPT TO				
CUFT CUFT			CU FT RE	QUEST NO.	ARI	ARPT ARPT					CU FT	CU FT REQUE		EST NO. ARPT		ТО		
3. Flight	t Itinerary	(For Mission-	-Type Flights, Provi				p with De	tailed F			lazards Indicat	ed)				II.		
DEPART WITH DEPART FRO			OM	ENROUTE				DROI				KEY POINTS INFO I						
Date	No. Pax	Lbs.	Airport/Place E	ace ETD ATD ETE Airport/Place ETA ATA No. Pax. Lbs. Drop-Off Points, F				Refueling Stops, Flight Check-Ins, Pickup Points To/From				To/From						
4. Flight F	Following				5. Me	5. Method of Resource Tracking:						7. Administr	inistrative 8. Review (If					
FAA IFR Satellite						Phone Radio						Type of	e of Payment applicable)					
FA	A VFR W	ith Check-In	Every Mir	utes To		To Scheduling Dispatcher @												
	FAA	or	Agency		(Phone Number)							or OAS 2			ed			
	-		n via radio Every _1			Prior to Takeoff Each Stop Enroute Arrival at Destination FS 650							Dispatch/Aviati					
Frequency(ies): RX-/TX-168.650Nat'l Flight Follow						To: @ Ro							Occument To: RWC Other:					
						9. Close-o							Close Date/	ed by: Time:				

HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

MISSION FLIGHT HAZARD ANALYSIS (Fire flights exempt provided a pre-approved plan is in place). The following potential hazards in the area of operations have I. been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight. High elevations, temperatures, and weights: X Military Training Routes (MTRs) or Special-Use Airspace X Towers and bridges (MOAs, Restricted Areas, etc) N/A MAX LANDING ELEV (MSL) _____ Other aerial obstructions Areas of high-density air traffic (airports); Commercial or other aircraft N/A MIN FLIGHT ALTITUDE AGL. X Pilot flight time/duty day limitations and daylight/darkness factors Transport of hazardous materials N/A Wires/transmission lines; wires along rivers or streams or across SUNRISE _____ canyons N/A Other GPS equipment SUNSET Weather factors; wind, thunderstorms, etc. X Limited flight following communications II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST NOTE: Reference Handbook 9420 for approval(s) required. Pilot and aircraft carding checked with source list and vendor, Means of flight following and resource tracking requirements have been identified carding meets requirements Or, Necessary approvals have been obtained for use of uncarded Flight following has been arranged with another unit if flight (Chief-of-Party Signature) crosses jurisdictional boundaries and communications cannot be cooperator, military, or other government agency aircraft and pilots maintained В Check with vendor that an aircraft with sufficient capability to Flight hazard maps have been supplied to Chief-of-Party for nonperform mission safely has been scheduled fire low-level missions (Dispatcher or Aviation Manager Signature Required)) Qualified Aircraft Chief-of-Party has been assigned to the flight Procedures for deconfliction of Military Training Routes and C. (noted on reverse) Special-Use Airspace have been taken All DOI passengers have received required aircraft safety training Chief-of-Party is aware of PPE requirements (Chief-of-Party Signature) (Date) Cost analysis has been completed and is attached OR, Aviation manager will present detailed safety briefing prior to departure D. Other/Remarks: Bureau Aircraft Chief-of-Party will be furnished with Chief-of-

Party/Pilot checklist and is aware of its use

(Authorized Signature) (Date)

^{**} For recurring Special-Use Mission, signature is required on Special-Use Air Safety Plan, and not required here.