

FLIGHT SERVICE REQUEST

NRLINST 3700.1

1. FROM: CODE		2. DATE		
3. TO: CODE 1410				
4. SUBJ: FLIGHT SERVICE REQUEST FOR _____ (Project Name)				
PROJECT INFORMATION				
5. SHORT TITLE				
6. PROJECT COORDINATOR <i>(Please Print)</i>		7. BRANCH HEAD <i>(Please Print)</i>		
8. PHONE NUMBER		9. PHONE NUMBER		
INSTALL/DEINSTALL INFORMATION				
10. DATE/PLACE INSTALL WILL COMMENCE		11. DATE/PLACE DEINSTALL WILL COMPLETE		
DESCRIPTION OF FLIGHT SERVICE				
12. AIRCRAFT BUNO	13. NO. OF FLIGHTS	14. DURATION OF FLIGHTS <i>(Hrs)</i>	15. FREQUENCY OF FLIGHTS	16. NO. OF PROJECT PERSONNEL
17. OTHER TEST PLATFORMS				
18. DESCRIPTION OF PROJECT EQUIPMENT				
19. WILL AUXILIARY POWER BE NEEDED? Yes, go to No. 20. No, go to No. 21.		20. WHAT TYPE OF AUXILIARY POWER?		
21. DESCRIPTION OF FLIGHT <i>(Include Project Limitation, Flight Profile, Detachment Site Info and Support/Coordination Requirements)</i>				
22. OPAREA Desired/Who will schedule it?				