## **AVIATION OPERATIONS MISSION REQUEST**

1. Case #/Mission #:	2. Date: 3. Time:
4. Name of Aircraft Resource:	5. Phone: ( ) Fax: ( )
6. Point of Contact:	7. Email:
8. Purpose of Mission:  9 Surveillance 9 Photography 9 Rescue 9 Thermal Imagery 9 Marijuana Eradication 9 Other Explain:	Pick-up Locations:  Destination:
10. Type of Aircraft:  9Fixed Wing: 9Helicopter:	11. Radio Frequency(ies): a. LE Agency: b. Aircraft:
12. Special Equipment Needed:  9Binoculars 9Stabilized Binoculars 9Night Vision Goggles 9Video Camera 9Fight Helmets 9Fuel Truck 9Cargo Nets 9Search Light 9Other:	13. Unique Terrain Features:  a. Obstructions:  b. LZ Marking:  9Smoke 9Flare 9Lights 9Other:
14. Special Requirements:	15. Requesting Agency:
16. POC Signature:	17: Requesting Agency Point of Contact: