

TRIP REQUEST FORM

Member Name: _____ **Date:** _____

Phone Number: _____ **Email Address:** _____

Licence Type: Private Commercial

Additional Training: Night Mountain IFR Other: _____

Total Hours _____
 PIC Hours in last 60 days _____
 Last Date Flown: _____

Total PIC Hours _____
 PIC Hours in last one year _____

Aircraft Type Required _____

Booked Aircraft Ident _____

Proposed Date of Departure _____
 Proposed Date of Return _____

Total Flight Time _____
 Estimate on route _____

Proposed Routing (must provide detail)	

Do you plan on landing at any airports that are not blacktop or cement? Yes No
 If Yes, give airport name(s): _____

Name of Passengers	
1.	
2.	
3.	

Emergency Contact

Name: _____ Phone Number: _____

Relationship: _____

OFFICE USE ONLY			
Flight Operations (Executive Dir. or designate)		Maintenance (Chief Engineer or designate)	
Minimum Hours:			
Request Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Request Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:		Date:	
Approver's Signature		Approver's Signature	

DISPATCH USE ONLY

Has the pilot been informed of approval? Yes No Why? _____
If Yes, by whom? _____

****Note: If you change the date of your trip or your plane, a new trip request form must be completed****