

REQUEST FOR MILITARY AERIAL SUPPORT ALL EVENT SPONSORS MUST READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS FORM.						REQUEST NUMBER		OMB No. 0704-0290 OMB approval expires	
<p>The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0290). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>									
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.									
ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.									
SECTION I - ACTIVITY									
1. CATEGORY REQUESTED (<i>X and complete as applicable</i>)			(1) DATE OF EVENT (YYYYMMDD)		(2) TYPE AIRCRAFT REQUESTED			(3) MILITARY SERVICE REQUESTED	
					<input type="checkbox"/> ANY (<i>X</i>) <input type="checkbox"/> SPECIFIC (<i>Optional</i>)			<input type="checkbox"/> ALL (<i>X</i>) <input type="checkbox"/> SPECIFIC (<i>Optional</i>)	
a. FLYOVER (<i>See paragraph 4 of Instructions</i>)									
b. STATIC DISPLAY (<i>See paragraph 5 of Instructions</i>)									
c. SINGLE AIRCRAFT DEMONSTRATION (<i>See paragraph 7 of Instructions</i>)									
d. OTHER AERIAL SUPPORT (<i>i.e. Parachute Demo, SAR Demo</i>)									
e. AERIAL DEMONSTRATION TEAM (<i>X all requested. See Instructions.</i>)			(a) PRIMARY DATE (YYYYMMDD)		(b) ALTERNATE DATE(S) (YYYYMMDD)			(c) I WILL CONSIDER ANY DATE DURING AIR SHOW SEASON (<i>X one</i>)	
U.S. ARMY GOLDEN KNIGHTS								<input type="checkbox"/> YES <input type="checkbox"/> NO	
U.S. NAVY BLUE ANGELS									
U.S. AIR FORCE THUNDERBIRDS									
OTHER (<i>Specify</i>)									
SECTION II - EVENT AND SITE INFORMATION									
2.a. EVENT TITLE (<i>and website, if applicable</i>)									
b. SITE OF EVENT (<i>Must be accessible by persons with disabilities</i>)			c. SITE CITY, STATE AND ZIP CODE			d. SITE ELEVATION (<i>Feet above sea level</i>)		e. RUNWAY LENGTH X WIDTH	
f. ARRESTING GEAR (<i>X one</i>)			g. TYPE OF SITE (<i>i.e., airport, park, lake, etc.</i>)						
<input type="checkbox"/> YES <input type="checkbox"/> NO									
3. EVENT SITE CERTIFICATION (<i>To be completed by an agent exercising authority for site use</i>) I certify that an agreement has been made with the sponsoring organization indicated in Section III to use the event site indicated in 2.b. above.									
a. NAME (<i>Last, First, Middle Initial</i>)			b. TITLE			c. TELEPHONE NO. (<i>Include area code</i>)			
d. SIGNATURE						e. DATE SIGNED (YYYYMMDD)			
4. INCLUSIVE DATES/TIME OF EVENT (YYYYMMDD)					5. IS THERE CIVILIAN AVIATION/AERIAL PARTICIPATION PLANNED FOR THE EVENT? (<i>X one</i>)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. ATTENDANCE			7. PLANNED MEDIA COVERAGE (<i>X as applicable</i>)						
a. PROJECTED		b. PRIOR EVENT		<input type="checkbox"/> TELEVISION <input type="checkbox"/> PRINT <input type="checkbox"/> RADIO <input type="checkbox"/> NONE		YOUR MEDIA/PR POC (<i>Name/telephone/email</i>):			
SECTION III - SPONSOR INFORMATION									
8. LOCAL SPONSORING ORGANIZATION							b. TYPE (<i>X one</i>)		
a. NAME							<input type="checkbox"/> PROFIT <input type="checkbox"/> NONPROFIT		
9. POINT OF CONTACT FOR AVIATION ACTIVITIES FOR THIS EVENT (<i>Please PRINT all contact information.</i>)									
a. (<i>X one</i>)		MS.		b. NAME (<i>Last, First, Middle Initial</i>)			c. RANK (<i>If military</i>)		
MR.		OTHER							
d. ADDRESS									
(1) NUMBER AND STREET/SUITE NUMBER				(2) CITY			(3) STATE		(4) ZIP CODE
e. TELEPHONE NO. (<i>Include area code or DSN if military</i>)				f. E-MAIL ADDRESS			g. FAX NO. (<i>Include area code</i>)		
(1)									
(2)									

10.a. EVENT TITLE	b. EVENT DATE
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SECTION III - SPONSOR INFORMATION *(Continued)*

	YES	NO
11. IS EVENT OFFICIALLY SUPPORTED BY LOCAL GOVERNMENT <i>(X one)</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. WILL YOU A PROVIDE POST-EVENT REPORT ON REQUEST? <i>(X one)</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. DOES SPONSORING ORGANIZATION PERMIT MEMBERSHIP WITHOUT REGARD TO RACE, RELIGION, SEX OR COLOR? <i>(X one)</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. WILL ALL ASPECTS OF THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, RELIGION, SEX OR COLOR? <i>(X one)</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. WILL THE EVENT BE OPEN TO THE GENERAL PUBLIC? <i>(X one)</i>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION *(This Section is Not Required for Static Displays.)*

FOR THIS EVENT TO BE CONSIDERED FOR U.S. MILITARY SUPPORT, THE SPONSOR MUST HAVE THIS SECTION COMPLETED BY THE FLIGHT STANDARDS DISTRICT OFFICE RESPONSIBLE FOR CONTROLLING THE AERIAL ACTIVITIES AT THE EVENT SITE.

For events where the airspace falls under the purview of the United States Department of Transportation, Federal Aviation Administration (FAA) coordination is required for all U.S. military aviation activities described in Section I **EXCEPT AIRCRAFT STATIC DISPLAYS.** THE SPONSOR WILL FORWARD THIS DOCUMENT, WITH SECTIONS I THROUGH III AND SECTIONS V THROUGH VII COMPLETED, TO THE FLIGHT STANDARDS DISTRICT OFFICE (FSDO) HAVING JURISDICTION OVER THE SITE. After completion of Section IV by the FSDO, form will be returned to the sponsor for submission to DoD. Sponsors will allow a minimum of 45 days for FAA review and completion.

16. FLIGHT STANDARDS DISTRICT OFFICE REVIEW I have reviewed the requested activity in Section I and determined that: <i>(X and complete as applicable)</i>		
<input type="checkbox"/>	a. FAA/OTHER GOVERNMENTAL WAIVER IS NOT REQUIRED.	
<input type="checkbox"/>	b. WAIVER IS REQUIRED FOR THE FOLLOWING EVENT(S) LISTED IN SECTION I: <i>(Specify)</i>	
<input type="checkbox"/>	c. COORDINATION HAS BEEN ACCOMPLISHED WITH CONTROLLING AIR TRAFFIC CONTROL FACILITY.	
<input type="checkbox"/>	d. AIR TRAFFIC COORDINATION IS NOT REQUIRED.	
<input type="checkbox"/>	e. DEMONSTRATION SITE FEASIBILITY STUDY IS REQUIRED AND SITE PLAN WAS SUBMITTED BY THE SPONSOR. <i>(Must meet show line, crowd line, airspace parameters and show congested areas, dwellings, thoroughfares, and obstructions within 3 NM of show center.)</i>	
<input type="checkbox"/>	f. DEMONSTRATION SITE FEASIBILITY STUDY IS NOT REQUIRED.	
<input type="checkbox"/>	g. NO MAJOR NOISE CONCERNS IN THE REQUESTED AIRSPACE.	
17. FEASIBILITY DETERMINATION Based upon my review of this site, I find the site to be: <i>(X one)</i>		
<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>
<input type="checkbox"/>	CONDITIONAL SATISFACTORY <i>(See NOTE)</i>	<input type="checkbox"/>
<input type="checkbox"/>	UNSATISFACTORY <i>(See NOTE)</i>	<input type="checkbox"/>

NOTE: If the show site is marked "Conditional Satisfactory", explain the conditions which must be met by the show sponsor to provide a "Satisfactory" site in the Additional Comments section. If the show site is marked "Unsatisfactory," the request for the applicable activity cannot be accepted by the Department of Defense.

18. ADDITIONAL COMMENTS <i>(Mandatory if FARs are waived)</i>

19. COORDINATING OFFICIAL		
a. NAME <i>(Last, First, Middle Initial)</i>	b. FLIGHT STANDARDS DISTRICT OFFICE	c. TELEPHONE NO. <i>(Include area code)</i>
d. TITLE AND SIGNATURE		e. DATE SIGNED <i>(YYYYMMDD)</i>

20.a. EVENT TITLE	b. EVENT DATE
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SECTION V - PROGRAM

21. PROGRAM THEME AND OBJECTIVE *(Please explain how aviation support is an integral part of the event.)*

22. CHARGES AND FEES *(Specify the monetary amounts charged below.)*

a. ADMISSION	b. PARKING	c. SEATING	d. OTHER <i>(Specify)</i>
e. DOES EVENT RAISE FUNDS? <i>(X one)</i>	f. FUNDS WILL BE USED FOR <i>(X as applicable)</i>		g. SPECIFIC INSTRUCTIONS FOR USE OF FUNDS <i>(e.g., Company, Charity or Organization to benefit)</i>
<input type="checkbox"/> YES <i>(Complete 22.f. and 22.g.)</i>	<input type="checkbox"/> (1) CHARITIES	<input type="checkbox"/> (4) OTHER <i>(Explain in 22.g.)</i>	
<input type="checkbox"/> NO	<input type="checkbox"/> (2) EXPENSES	<input type="checkbox"/>	
	<input type="checkbox"/> (3) PRIZES	<input type="checkbox"/>	

23. HISTORICAL INFORMATION

a. LIST ALL YEARS THE EVENT HAS BEEN HELD	b. MOST RECENT DoD DEMONSTRATION TEAM <i>(If any) AND YEAR OF PERFORMANCE (i.e., Blue Angels, Thunderbirds, Golden Knights; year)</i>	c. LIST CIVILIAN AND MILITARY AIRCRAFT AT THE LAST EVENT
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SECTION VI - SUPPORT *(All Requests other than Flyovers)*

24. THE SPONSOR AGREES TO: <i>(Initial each item signifying acceptance. Lack of initials renders the event ineligible for all support other than Flyovers.)</i>	INITIALS
a. OBTAIN THE AIR SHOW WAIVER FROM THE FAA MONITOR PRIOR TO THE EVENT FOR EACH ACTIVITY REQUIRING A WAIVER <i>(plan a 60-day lead time). FAILURE TO OBTAIN A WAIVER WILL RESULT IN DEMONSTRATION CANCELLATION AT THE EXPENSE OF THE SPONSOR.</i>	
b. PAY TEAM COSTS AS OUTLINED ON PAGE 4, PARAGRAPHS 6 OR 8 OF INSTRUCTIONS, AS APPLICABLE. <i>(Applies only for Blue Angels, Thunderbirds, or Golden Knights requests.)</i>	
c. PROVIDE OR REIMBURSE TRANSPORTATION, MEALS, AND QUARTERS COSTS <i>(including pre-event visits) FOR ARMED FORCES PARTICIPANTS, AS REQUIRED. (Reimbursement for demonstration teams covered in paragraphs 6 or 8 of Instructions.)</i>	
d. PROVIDE SUITABLE AIRCRAFT FUEL AT MILITARY CONTRACT PRICES. <i>(Sponsor must pay all costs over military contract prices, including any transportation and handling charges, if fuel is not available at such prices.)</i>	
e. PROVIDE SECURITY FOR AIRCRAFT AT EVENT SITE DURING ENTIRE STAY. <i>(Certain assets (i.e., B-2 and F-117) will require extensive security.)</i>	
f. PROVIDE MOBILE FIREFIGHTING, CRASH, AND GROUND-TO-AIR COMMUNICATIONS EQUIPMENT AT THE SHOW SITE FOR FLIGHT AND PARACHUTE DEMONSTRATIONS AND STATIC DISPLAY AIRCRAFT.	
g. PROVIDE AMBULANCE AND MEDICAL PERSONNEL ON SITE DURING FLIGHT AND PARACHUTE DEMONSTRATIONS AND CERTAIN OTHER TYPES OF AERIAL ACTIVITIES AS DETERMINED, IN ADVANCE, BY THE MILITARY SERVICES.	
h. PROVIDE TELEPHONE FACILITIES FOR NECESSARY OFFICIAL COMMUNICATIONS AT THE EVENT SITE.	
i. PROVIDE AERIAL PHOTOGRAPH AND AIRFIELD DIAGRAM UPON REQUEST.	
j. PROVIDE LOCAL MILITARY RECRUITERS, AT NO CHARGE, PRIME SPACE AT THE EVENT SITE FOR RECRUITING ACTIVITIES.	

SECTION VII - CERTIFICATION BY SPONSOR

25. PRESIDENT/CHAIRMAN OF SPONSORING ORGANIZATION/BASE OR WING COMMANDER *(If military sponsored)*

I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact us to discuss arrangements and additional costs involved prior to final commitments. Any changes to the information on this form may invalidate eligibility for military participation.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)	c. PRINT NAME AND TITLE
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