data sources, gathering and mother aspect of this collection alex.esd.mbx.dd-dod-informat	naintaining the data needed, a of information, including sugge	nd completing and revi estions for reducing the condents should be awa	ewing the collection burden, to the Dep are that notwithstand	of information. Sartment of Defer ling any other pr	Send comments ase, Washington	viewing instructions, searching of s regarding this burden estimate n Headquarters Services, at whs no person shall be subject to an	or any s.mc-	
2. TO: (Activity Approving	3. FROM:	3. FROM: (Name and Address of Contractor)						
4. PRIME CONTRACT N	UMBER or BAILMENT N	UMBER (Under whi	ich aircraft assign	ed):				
5. FLIGHT CREW PERSONNEL			6. NON-CF	6. NON-CREW PERSONNEL				
a. POSITION	b. NAME AND TITLE	IAME AND TITLE OF PERSON		TION	b. NA	AME AND TITLE OF PERSON		
7. AIRCRAFT MISSION, DESIGN, SERIES			8. DATE(S	) OF FLIGHT(	(S)			
9. AIRCRAFT SERIAL N	UMBER(S)							
10. FLIGHT DETAILS (SI	tatement concerning flight	objectives)	S I	) Г	)	6 7		
	RESENTATIVE: I CERTI			h the flight pro	gram authoriz	zed by the contract and will I	be	
a. NAME (Last, First, Middle Initial) b. TELEPHON			NE NUMBER	c. EMAIL	ADDRESS			
d. SIGNATURE						e. DATE/TIME		
12 COVERNMENT ELIC	UT DEDDESENTATIVE /	MUST DE SIGNED	TO BE ARREOV	ED)				
12. GOVERNMENT FLIGHT REPRESENTATIVE (MUST BE SIGNED TO E   a. NAME (Last, First, Middle Initial) b. TELEPHONE N								
d. SIGNATURE				e. DATE/TII				
u. GIGNATORE						C. DATE/TIME		
		POST F	LIGHT DETAIL	S				
13. NUMBER OF FLIGHT	rs		14. HOUR	S FLOWN				
15. REMARKS (Enter brie	f statements as to flight result	s, trouble encountered	during flight, and we	eather, or other o	conditions which	n prevented completion of flight.,	)	
16. CONTRACTOR REPI	RESENTATIVE							
a. NAME (Last, First, Mic	b. TELEPHON	TELEPHONE NUMBER		c. EMAIL ADDRESS				
d. SIGNATURE		<u>_</u>		I		e. DATE/TIME		

**REQUEST FOR FLIGHT APPROVAL** 

OMB No. 0704-0347 OMB approval expires: YYYYMMDD

1. REQUEST DATE (YYYYMMDD)