REQUEST FOR FLIGHT APPROVAL

1. REQUEST DATE *(YYYYMMDD)*	*OMB No. 0704-0347* *OMB approval expires: 20261130*

The public reporting burden for this collection of information is estimated to average 15 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, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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.

2. TO: *(Activity Approving Flight)*	3. FROM: *(Name and Address of Contractor)*

4. PRIME CONTRACT NUMBER or BAILMENT NUMBER *(Under which aircraft assigned)*:

5. FLIGHT CREW PERSONNEL		6. NON-CREW PERSONNEL	
a. POSITION	b. NAME AND TITLE OF PERSON	a. POSITION	b. NAME AND TITLE OF PERSON

7. AIRCRAFT MISSION, DESIGN, SERIES	8. DATE(S) OF FLIGHT(S)

9. AIRCRAFT SERIAL NUMBER(S)

10. FLIGHT DETAILS *(Statement concerning flight objectives)*

11. CONTRACTOR REPRESENTATIVE: I CERTIFY that this flight is in accordance with the flight program authorized by the contract and will be conducted in accordance with the approved flight operations procedures.

a. NAME *(Last, First, Middle Initial)*	b. TELEPHONE NUMBER	c. EMAIL ADDRESS
d. SIGNATURE		e. DATE *(YYYYMMDD)*/TIME

12. GOVERNMENT FLIGHT REPRESENTATIVE *(MUST BE SIGNED TO BE APPROVED)*

a. NAME *(Last, First, Middle Initial)*	b. TELEPHONE NUMBER	c. EMAIL ADDRESS
d. SIGNATURE		e. DATE *(YYYYMMDD)*/TIME

POST FLIGHT DETAILS

13. NUMBER OF FLIGHTS	14. HOURS FLOWN

15. REMARKS *(Enter brief statements as to flight results, trouble encountered during flight, and weather, or other conditions which prevented completion of flight.)*

16. CONTRACTOR REPRESENTATIVE

a. NAME *(Last, First, Middle Initial)*	b. TELEPHONE NUMBER	c. EMAIL ADDRESS
d. SIGNATURE		e. DATE *(YYYYMMDD)*/TIME