

STATE FUNDED TRAINING FLIGHT/MISSION REQUEST

MINIMUM OF 2 WEEKS REQUIRED TO SUBMIT THIS REQUEST AND RECEIVE MISSION NUMBER APPROVAL

GENERAL		Exercise Date: _____	
Exercise Name (Optional): _____	Type of Exercise: _____ (SAR Training, DR Training, Crewmember Training, etc.)		
FUNDING BREAKDOWN		MISSION SYMBOL	
C172 Flight Hours: _____	Fuel Cost: _____	<u>TOTAL ESTIMATED COST</u>	B5 Squadron ES Training (WMIRS mission request required)
C182 Flight Hours: _____	Fuel Cost: _____	Note: B5 mission symbol requires seperate WMIRS mission.	C12 Single sortie crew training
Vehicle: _____	Fuel Cost: _____		
Communications Cost: _____	_____		
UNITS			
Hosting Unit: _____		Units Participating (if more than one): _____	
Number of Personnel Involved: _____			
POC			
Project Officer: _____		Email: _____	
Phone Number: _____			
OVERVIEW (General 2-3 sentence overview of the training to be accomplished)			

TRAINING OBJECTIVES (Be specific)			

EXPECTED OUTCOMES (Qualifications or Renewals expected)			

SAFETY			
A. Sortie operations will be conducted IAW CAPR 62-2. Operational Risk Management will be used by all participants. Sortie risk assessment forms will be conducted prior to each sortie (air or ground).			
B. In the event any mishap or incident, the mishap reporting procedures found in CAPR 62-2 and our Wing Supplement to CAPR 62-2 will be followed immediately. Even minor injuries must be reported.			
C. Summer/winter flying and driving safety concerns will be briefed as well as other local hazards such as insects. Hydration will also be addressed.			
D. Other safety concerns: _____			
