

# REQUEST FOR USE OF STATE AIRCRAFT

## SECTION I - AGENCY INFORMATION

REQUESTING AGENCY: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

## SECTION II - FLIGHT INFORMATION

### FLIGHT SCHEDULE

LEG	DATE	DEPART TIME	CITY	STATE	ARRIVAL TIME	CITY	STATE	# / PASS.
1.								
2.								
3.								
4.								
5.								
6.								

a. PURPOSE OF TRIP (*BE SPECIFIC*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. NAMES OF PASSENGERS: (*INDICATE IF NON-STATE EMPLOYEE*)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SEC. III - PUBLIC OFFICIAL/AGENCY HEAD AUTHORIZATION AND RESPONSIBILITY STATEMENT

I certify that the above request for utilization of State owned/operated aircraft is in accordance with State Laws and Policies as set forth by the Department of Finance and Administration.

<b>AIR TRANSPORT ONLY</b>
DATE REQUEST RECEIVED: _____
REQUEST APPROVED BY: _____
FLIGHT APPROVAL #: _____

\_\_\_\_\_  
 Public Official or Agency Head  
 \_\_\_\_\_  
 Date

*Disclaimer: \*\*This form can be sent by mail or fax but must be followed up with a telephone call to confirm request.\*\**