

AIRCRAFT REQUEST SHEET



TYPE OF AGENCY:

- PUBLIC AGENCY
 NON-PROFIT

ORGANIZATION/AGENCY NAME: _____

AUTHORIZED REPRESENTATIVE:

NAME: _____ JOB TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

WORK PHONE: (____) _____ - _____ FAX: (____) _____ - _____ EMAIL: _____

ORGANIZATION/AGENCY MISSION:

ON ORGANIZATION /AGENCY LETTERHEAD PLEASE PROVIDE DETAILED PLAN OF UTILIZATION AND A DESCRIPTION OF YOUR PROGRAM SIGNED AND DATED BY AUTHORIZED REPRESENTATIVE. (SCHOOLS SHOULD DESCRIBE THEIR AVIATION PROGRAMS AND STATE THE ENROLLMENT IN THESE PROGRAMS)

DESCRIPTION OF AIRCRAFT REQUESTED:

TYPE: _____ MODEL: _____ S/N: _____

OTHER: _____

AIRCRAFT LOCATION: _____

GSA ITEM CONTROL NUMBER: _____ - _____ - _____

NUMBER OF AIRCRAFT CURRENTLY OWNED: _____

****PLEASE ATTACH A DETAILED LIST OF TYPES OF AIRCRAFT CURRENTLY OWNED

PLAN OF UTILIZATION:

- FLIGHT PURPOSES
 NON FLIGHT PURPOSES

(SELECT ALL THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> AIR FRAME & POWERPLANT | <input type="checkbox"/> MAINTENANCE |
| <input type="checkbox"/> AIRSHOWS | <input type="checkbox"/> MOSQUITO ABATEMENT |
| <input type="checkbox"/> FIRE FIGHTING | <input type="checkbox"/> SEARCH/ RESCUE |
| <input type="checkbox"/> FLIGHT TRAINING | <input type="checkbox"/> STATIC DISPLAY |
| <input type="checkbox"/> LAW ENFORCEMENT | <input type="checkbox"/> OTHER: _____ |

FOR GSA INTERNAL USE ONLY:

AIRCRAFT TO DONEE LAST 5 YEARS: _____ AIRCRAFT TO STATE LAST 5 YEARS: _____ DATE LAST AIRCRAFT TO DONEE: _____