MILITARY AIR PASSENGER / CARGO REQUEST

INSTRUCTIONS:

- This airlift request form should be completed by the travel party and submitted to the senior traveler's airlift validation office. If multiple destinations are required, a separate form must be completed and validated for each destination. **Do not enter CLASSIFIED information on this form.**
- All times should be entered in Zulu time, also known as GMT. (http://www.navy.mil/navydata/questions/zulutime.html)
- The International Civil Aviation Organization (ICAO) code for your airfield can be found at https://www.airnav.com/airports/
- Travel windows should be specified from the earliest available time of departure to the latest possible time of arrival. The travel window should be sufficient to travel from origin to destination with reasonable (+/- 2 hour) flexibility in departure and / or arrival times.
- Cost comparisons between commercial and military airlift is done by the scheduling activity.
- This form must be kept on record with the validation office for three years from the date of validation.
- See DoDI 4500.43 and DoDD 4500.56 for the regulatory guidance related to Operational Support Airlift.

| - Due to the nature of Operational Support Airlift (OSA), OSA travel will always be more cost effective than commercial travel. | | | | | | | | | | | |
|--|--|------------------------|-----------------------|-----------------------|-----------------|---|-----------------|--|--|--|--|
| 1. TRAVEL REQUIREMENTS | | | | | | | | | | | |
| a. DEPARTURE ICAO | b. EARLIEST AVAILABLE ZULU TIME (EX: 15 NO) | | c. AF | RRIVAL ICAO | | POSSIBLE ARRIVAL IN ZU 6 NOV 2016 @ 0100Z) | e. LEG X OF Y | | | | |
| | | | | | | | OF | | | | |
| 2. PURPOSE OF TRAV | /EL | | | | • | | | | | | |
| a. COMPLETE PURPOSE OF TR | RAVEL | | | | | | | | | | |
| b. COMPELLING OPERATIONAL CONSIDERATIONS (Note: Only required if requesting elevated priority) | | | | | | | | | | | |
| c. TOTAL NUMBER OF PASSENGERS | | | d. TOTAL CARGO WEIGHT | | | | | | | | |
| 3. COST OF COMMERCIAL TRAVEL (Only costs incurred between travel origin and destination for this leg) | | | | | | | | | | | |
| a. TRANSPORTATION COST | b. HOTEL COST | c. P | ER DIEN | 1 COST | COST DER PASSEN | | TOTAL COST | | | | |
| | | | | | | | | | | | |
| 4. TRAVEL POINTS OF | F CONTACT (Must pro | ovide 24 hour con | tact in c | case of delay or cand | rellation) | | | | | | |
| a. PREFERRED REQUEST COO | | | | T . | | T | | | | | |
| NAME (Last, First, Middle Initial) | | GRADE / RANK | | DUTY / 24 HOUR PHONE | | EMAIL | | | | | |
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| b. DEPARTURE COORDINATOR (Must be different from the arrival coordinator) | | | | | | | | | | | |
| NAME (Last, First, Middle Initi | al) | GRADE / RANK | | DUTY / 24 HOUR PHONE | | EMAIL | | | | | |
| | | | | | | | | | | | |
| c. ARRIVAL COORDINATOR (N | | departure coordinator) | | | | | | | | | |
| NAME (Last, First, Middle Initi | al) | GRADE / RANK | | DUTY / 24 HOUR PHONE | | EMAIL | | | | | |
| | | | | | | | | | | | |
| 5. PASSENGER INFOR | RMATION | | | | | | | | | | |
| a. SENIOR TRAVELER | | | | T | | 1 | | | | | |
| NAME (Last, First, Middle Initial) | | GRADE / RANK | | DUTY TITLE | | BRAI | NCH OF SERVICE | | | | |
| | | | | | | | | | | | |
| b. ADDITIONAL TRAVELERS (Note: Required only for O-6 / GS-15 or higher) NAME (Last, First, Middle Initial) GRADE / RANK DUTY TITLE BRANCH OF SERVICE | | | | | | | | | | | |
| NAIVIE (Last, First, Middle Initial) | | GRADE / RANK | | DOLLLINE | | BIVAI | NCIT OF SERVICE | | | | |
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| If additional space is needed, o | enter remaining travelers | in the Additional | Remark | ks section (7). | | I | | | | | |

| 6. CARGO INFORMATION (Cargo acceptors and handlers are required at the cargo origin and destination) | | | | | | | | | | |
|--|-------------------------|--|---|------------------------|----------------------------|---------------------|--|--|--|--|
| a. CARGO DESCRIPTION | | | | | | | | | | |
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| b. SPECIAL H. | ANDLING INSTRU | CTIONS | | | | | | | | |
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| c. HAZMAT (| Yes/No) | d. LARGES | T ITEM DIMENSIONS | e. HEAVIEST I | TEM WEIGHT | f. TOTAL CUBIC FEET | | | | |
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| 7 ADDIT | IONAI REMA | RKS / COMMEN | ITS | | | | | | | |
| 7. ADDII | IONAL INLINIA | INICO / COMMUNICIN | 113 | | | | | | | |
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| 8 TRAVE | L AUTHORIZ | ATION | | | | | | | | |
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| | | e may not be delegate | | DUTY TITLE | OFFICE CVMADOL | DUTYTELEDLIONE | | | | |
| NAME (Last, I | First, Middle Initia | 1) | GRADE / RANK | DUTY TITLE | OFFICE SYMBOL | DUTY TELEPHONE | | | | |
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| SIGNATURE | | | | | DATE | | | | | |
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| h ALITHODIZ | ING OFFICIAL (Ac | appointed by Service) | | | | | | | | |
| | First, Middle Initia | | GRADE / RANK | DUTY TITLE | OFFICE SYMBOL | DUTY TELEPHONE | | | | |
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| 9. VALIDA | ATION USE O | NLY | | | | | | | | |
| a. PRIORITIZA | ATION | | | | | | | | | |
| | | | | | | . ASSIGNED PUJC | | | | |
| | PRIORITY 1 | | | eace keeping operation | ons as directed by Nationa | 1 133.5 | | | | |
| | | Command Authority | y or lifesaving purposes | | | | | | | |
| | | | | | | | | | | |
| | PRIORITY 2 | Required-use or cor | mpelling operational cons | iderations making co | mmercial transportation | | | | | |
| | FINIONITI Z | unacceptable | | | | | | | | |
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| | 551651 T V 3 | | Official business airlift validated to be more cost-effective than commercial air travel when | | | | | | | |
| | PRIORITY 3 | supported by OSA aircraft, or official business travel when consolidated with another request(s) | | | | | | | | |
| h \/A!!> | D DV | on previously sched | uled missions | | | | | | | |
| b. VALIDATEI | | | T / | T = = | | | | | | |
| NAME (Last, First, Middle Initial) | | | GRADE / RANK | DUTY TITLE | OFFICE SYMBOL | DUTY TELEPHONE | | | | |
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| SIGNATURE | | | | | DATE | | | | | |
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