

## COUNTERDRUG MISSION FLIGHT PLAN / BRIEFING FORM

USCS     DEA     USFS     EPIC     USCG     JTF6     NG  
 SEADS     WADS     NEADS     84 RADES     ORIENT     TRNG     OTHER

Mission Number: _____	Date: _____
Requestors Name: _____	Results Passed To: _____ Requestor / Customer Name
Phone Number: _____	Date: _____

PIC Name and Rank: _____	<input type="checkbox"/> Night <input type="checkbox"/> Mountain <input type="checkbox"/> Instrument <input type="checkbox"/> Overwater
<b>PIC Signature:</b> _____	CAP ID: _____

Obs Name and Rank: _____	Obs Name and Rank: _____
CAP ID: _____	CAP ID: _____

### FLIGHT PLAN INFORMATION

Tail Number: <b>N</b> _____ CAP Flight #: _____	A/C Type: _____	<input type="checkbox"/> Corporate <input type="checkbox"/> Member
A/C Home Base: _____	A/C Color: _____	Hrs Fuel Onboard: _____
<input type="checkbox"/> Filed CAP <input type="checkbox"/> Filed FAA <input type="checkbox"/> IFR <input type="checkbox"/> VFR	TAS: _____	ETD: _____ ATD: _____
		ETA: _____ ATA: _____

Hobbs End: _____	Admin man hrs: _____	<b>MISSION OBJECTIVES</b> E - Marijuana Eradication    P - Airfield Photography T - Transportation    V - Video / Digital Photography A - Air Reconnaissance    X - Training M - Marine Reconnaissance    O - Orientation R - Radar Evaluation    S - Other Support C - Airport Reconnaissance    Q - Communications D - DDR Support
Hobbs Start: _____	Crew man hrs: _____	
Total Time: _____	Total man hrs: _____	
A/C Per Hour: _____		
Total Fuel/Oil/Etc: _____		
Total A/C Cost: _____	Total man days: _____	

FRO Name: _____ Tele Release <input type="checkbox"/>	RON Approved By: _____
(Type Name)	(Type Name)
FRO Signature: _____	Date: _____

SORTIE	FROM	TO	TIME	OBJ	SORTIE	FROM	TO	TIME	OBJ
1					6				
2					7				
3					8				
4					9				
5					10				

<b>MISSION OBJECTIVES / RESULTS / COMMENTS</b>	
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