

U.S. Department of Commerce
National Oceanic and Atmospheric Administration
REQUEST FOR AIRCRAFT SUPPORT

If unable to submit completed form electronically, Mail or fax completed form to: NOAA's Marine and Aviation Operations, Program Services and Outsourcing Division, 8403 Colesville Road, Suite 500, Silver Spring, MD 20910-3282
Phone: 301-713-1045, Fax: 301-713-1541

1. PROJECT NAME (OR BRIEF DESCRIPTION OF MISSION)

2. NOAA MISSION GOALS SUPPORTED BY THE PROJECT (Select All That Apply and show percentages).

Unknown Climate _____ % Weather/Water _____ % Ecosystem _____ % Commerce/Transportation _____ %

3. PPBES PROGRAM(S) SUPPORTED BY THE PROJECT/MISSION:

Primary

Secondary

4. FIELD OF SCIENCE CATEGORY (SEE FORM INSTRUCTIONS)

5. NSF R&D CATEGORY (SEE FORM INSTRUCTIONS)

6. ABSTRACT OF PROPOSAL/BRIEF DESCRIPTION OF PROGRAM OR PROJECT

7. IMPACT STATEMENT (IMPACT OF PROJECT NOT BEING FUNDED)

8. REQUESTED PROJECT DATE(S)

Start Date

End Date

9. TOTAL NUMBER OF PROJECT DAY(S)

10. REQUESTED FLIGHT HOURS

11. TYPE OF AIRCRAFT REQUESTED

12. PLANNED FLIGHT HOURS PER MONTH (FOR MONTHLY REPORTING)

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

13. PROJECT AREA (Staging area and area of operation)

14. FLIGHT SCHEDULE PROFILE(S) (I.E. ALTITUDE, SPEED, DURATION, TIME OF DAY, REQUIRED WEATHER)

15. ARE MODIFICATIONS OR SPECIAL INSTRUMENTATION REQUIRED? No Yes (IF YES, EXPLAIN ON CONTINUATI ON PAGE)

16. HAVE ALL PROJECT PARTICIPANTS COMPLIED WITH THE NOAA AVIATION SAFETY POLICY (NAO 209-124)? No Yes (IF NO, EXPLAIN ON CONTINUATI ON PAGE)

17. DO YOU REQUIRE DROPSONDES FOR YOUR PROJECT? (Select One) No Yes # If Required _____

IS PROGRAM FUNDING AVAILABLE TO PURCHASE YOUR DROPSONDES? (Select One) No Yes

18. WILL ANY FOREIGN NATIONALS REQUIRE ACCESS TO THE OMAO AIRCRAFT OR THE AIRCRAFT OPERATIONS CENTER? (Select One) No Yes

*HAS A DEPARTMENT SPONSOR/NOAA (DSN) BEEN ASSIGNED? No Yes

*HAVE NAO 207-12 APPENDIX B AND NOAA LINE OFFICE/CORPORATE OFFICE ENDORSEMENT SUPPLEMENT FORMS BEEN SUBMITTED? No Yes

19. IF A NOAA FLEET AIRCRAFT IS UNAVAILABLE OR NOT ECONOMICAL, DO YOU WANT TO CHARTER AN AIRCRAFT TO SUPPORT YOUR PROJECT?

No Yes

20. FUNDING SOURCE:(Select all that apply)

NOAA AIRCRAFT SERVICES FUNDS

NOAA PROGRAM FUNDS

NON-NOAA FUNDS

UNKNOWN

21. PRINCIPAL INVESTIGATOR / PRIMARY POINT OF CONTACT
(Complete address, phone, fax, Email)

First Name Last Name

Address

Address

City State Zip

Phone Fax

email

Signature/Date _____

22. FUNDING AGENCY / SPONSOR AUTHORIZED TO SIGN THE FINANCIAL OPERATING PLAN (FOP) (Complete address, phone, fax, Email)

First Name Last Name

Address

Address

City State Zip

Phone Fax

email

Signature/Date _____

23. NOAA PPBES PROGRAM MANAGER APPROVAL OF AIRCRAFT REQUEST

24. OMAO ASSIGNED CLERANCE NUMBER FOR FISCAL YEAR:

Signature/Date _____

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