

**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:  
Office of Marine and Aviation Operations, MAOC  
8403 Colesville Road, Suite 500  
Silver Spring, MD 20910-3282  
Phone: 301-713-1045 Fax: 301-713-1541

1. Project / Mission Name (or brief description of mission)

2. NOAA Long-Term Goal supported by the project / mission (Select all that apply and show percentages, see form instructions)

Unknown    %                    CAM    %                    WRN    %                    HO    %                    RCCE    %

3. NOAA Long-Term Goal Objective(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 (use continuation page if necessary)

7. Describe specific performance measures/metrics that will be used to define success of the project and how they will be collected (use continuation page if necessary)

8. State the impact to NOAA Long-Term Goals if the project is not funded (use continuation page if necessary)

9. Requested project dates: Start Date:

End Date:

10. Total number of project days

11. Requested flight hours

12. Type of aircraft requested

13. Planned flight hours per month (for monthly reporting)

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

14. Project area (staging area and area of operations)

15. Flight profiles (altitude, speed, duration, time of day, required weather, etc.)

16. Are aircraft modifications, special instrumentation, or other unique requirements needed?    No    Yes

(If yes, explain on continuation page also and define fully mission capable aircraft, partially mission capable aircraft, and non mission capable aircraft for the project)

17. Have all project participants complied with the NOAA Aviation Safety Policy (NAO 219-124)?    No    Yes    (If no, explain on continuation page)

18. Do you require dropsondes for your project?    No    Yes    If yes, how many are required?

Is program funding available to purchase your dropsondes?    No    Yes

19. Will any foreign nationals require access to the OMAO aircraft or the Aircraft Operations Center?    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

20. If a NOAA Aircraft is unavailable or not economical, do you want to charter an aircraft to support your project?    No    Yes

21. Funding source (check all that apply)                    NOAA Aircraft Services Funds                    NOAA Program Funds                    Non-NOAA Funds                    Unknown

22. Principal Investigator/Primary Point of Contact

First Name                    Last Name  
NOAA Line Office  
City                    State                    Zip  
Phone                    Fax  
e-mail

Signature / Date

23. Funding agency/sponsor authorized to sign the financial operating plan (FOP)

First Name                    Last Name  
NOAA Line Office  
City                    State                    Zip  
Phone                    Fax  
e-mail

Signature / Date

24. OMAO assigned charter clearance number for fiscal year

Signature / Date

**REQUEST FOR AIRCRAFT SUPPORT**  
**Continuation Page**