

OPERATIONAL SUPPORT AIRLIFT (FIXED WING) AVIATION REQUEST

Memo, HQ USAARMC, ATZK-PTA, 28 Aug 95, subj: Operational Support Airlift (OSA) Requests

SUBMIT AT LEAST 5 WORKING DAYS PRIOR TO DATE OF REQUESTED SUPPORT

FROM: AUTHORIZING OFFICIAL FOR: _____

TO: VALIDATOR, HQ USAARMC AND FORT KNOX

AUTHORIZING OFFICIAL USE ONLY

DATE _____

1. Unit/Section to be supported: _____ UIC _____

2. Mission: (list times in ZULU/LOCAL time for each location)

DATE	DEPARTURE AIRPORT & ICAO	REQUIRED DEPART TIME ZULU/LOCAL	*EARLIEST DEPART TIME ZULU/LOCAL	DESTINATION AIRPORT & ICAO	DESIRED ARRIVAL TIME ZULU/LOCAL	REQUIRED ARRIVAL TIME ZULU/LOCAL

*Earliest departure time is the earliest time the passengers can be available for departure and must be a minimum of 2 hours prior to requested departure time. Desired arrival time must be a minimum of 2 hours prior to required arrival time (IAW AR 95-1). If time constraints preclude the 2 hour "window", explain below.

3. Reason for mission and why times cannot be altered: _____

4. a. Commercial Air Alternative(s):

DATE	AIRLINE/FLT #	DEPARTURE AIRPORT	DESTINATION AIRPORT	# OF PAX	TOTAL COST/FARE

b. Justification why commercial air is not appropriate: (Be specific) _____

5. Passenger Manifest: Senior passenger rank/name: _____

NAME	SVC	GRADE	WEIGHT	SSAN	BAG WT	UIC	PHONE

6. Point of Contact: (cannot be passenger on flight)	RANK/NAME	2 DUTY PHONE #'s (DSN)		AFTER DUTY HOURS PHONE (COMM) Include Area Code
		Primary	Alternate	
DEPARTURE				
ARRIVAL				

NOTE: The listed individual(s) must be able to contact passengers before departure and after arrival. In event of aircraft/weather problems, the POCs will be notified of delay or cancellation.

7. Cargo type: _____

8. Largest/heaviest item:

a. Length _____ b. Height _____ c. Width _____ d. Weight _____

e. Cargo handlers will be provided at departure and arrival location to on and offload cargo: YES NO N/A

f. Special cargo certification/handling requirements have been met: YES NO N/A

9. Select the appropriate statement that applies to your mission request:

The undersigned certifies that the requested mission is an emergency airlift of eligible personnel/cargo that is in direct support of operational forces, for lifesaving purposes, or in support of required use passengers. This mission cannot be satisfied by any other mode of travel.

The undersigned certifies that the requested mission is mission requirements use airlift of eligible personnel/cargo and that schedule or delivery constraints are such that the mission cannot be satisfied by any other mode of travel. It is further certified that commercial travel schedules have been checked and do not meet the critical requirements of this mission.

The undersigned certifies that the requested mission is an official business airlift of eligible personnel or cargo. It is further certified that commercial travel schedules have been checked and do meet the requirements of this mission.

10. REQUESTOR: SIGNATURE _____
PRINT/TYPE NAME/RANK _____
ORGANIZATION/DUTY PHONE _____

11. AUTHORIZING OFFICIAL: SIGNATURE _____
PRINT/TYPE NAME/RANK _____
ORGANIZATION _____
DUTY PHONE: DSN/COMM _____
AFTER DUTY PHONE _____

12. SENIOR FEDERAL TRAVELER (SIGNATURE MAY NOT BE DELEGATED):
SIGNATURE _____
PRINT/TYPE NAME/RANK _____
ORGANIZATION/DUTY PHONE _____

OSA VALIDATOR USE ONLY

Approved
 Disapproved _____ Date _____ PUJC Code _____
Validator(s) Signature

Mission confirmed/regretted with _____ Date/Time _____

DTG MSN REC _____ REQ DTG _____ MSN# _____

Remarks:

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C., Sect 3012.

PURPOSE: Passenger manifesting.

ROUTINE USE: SSN will be used for passenger identification.

DISCLOSURE: Disclosure is not mandatory; however, failure to provide SSN may preclude aviation services from being provided.