

11th Air Force Airspace Denial Report

MISSION INFORMATION			
Name of Airspace:		Call Sign:	
Affected Wing & Squadron:		Date of Incident:	
Type A/C & Tail #:		Mission Type:	
ATC Controlling Agency:	ZAN		
Select As Applicable			
Airspace Was:	<input type="checkbox"/> Denied	<input type="checkbox"/> Time Limited	<input type="checkbox"/> Altitude Limited <input type="checkbox"/> Boundary Limited
AREA INFORMATION	SCHEDULED	DENIED // LIMITED // N/A <i>(If Limited, enter what you were given)</i>	
TIME (Zulu)			
ALTITUDE (MSL/AGL)			
BOUNDARY			
Were Operational/Training Objectives Accomplished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the Mission Have to be Reflown to Meet Mission Objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
POC:		Phone:	
Signature:		Date:	
AIRSPACE MANAGER			
Airspace Manager:			
Scheduling Agency For Airspace:			
Comments (include FAA reason for denial/limitation):			
Airspace Manager:		Date:	
Actions:			
Signature:		Date:	

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INSTRUCTIONS:

PURPOSE: Provide the unit Airspace Manager with information about scheduled airspace denied/limited to scheduled user(s) by the ATC Controlling Agency.

FLIGHT LEAD: Fill out sheet down to “Mission Impact”. For the “SCHEDULED” column, enter what you were scheduled. For the “DENIED//LIMITED” options, if airspace was denied, enter “DENIED” in all blocks. If the airspace was limited, enter what you were given or “N/A” for each item Not Affected. When finished, select “File”, “Save As” and rename your file. Pass on to airspace manager email. alaskamilitaryairspace@elmendorf.af.mil

AIRSPACE MANAGER: File sheet. Annotate Airspace Denial Log. Contact FAA and send comments to DO of the user. Send copy of sheet to your AFREP and MAJCOM when all actions have been completed..