

**SAAM OR JCS EXERCISE - AIRLIFT REQUEST**

*AUTHORITY: 10 U.S.C. 8012*

*PRINCIPAL PURPOSE(S): Your home phone number is required in order that contact can be made during off-duty hours.*

*ROUTINE USES: Your home phone number will be used to obtain information regarding the mission or to advise you of unexpected changes to previous arrangements.*

*DISCLOSURE IS VOLUNTARY: The requirement for your home phone number is voluntary. IMPACT IF NOT FURNISHED: The airlift mission could be delayed and additional cost incurred.*

<b>OVERALL SECURITY CLASSIFICATION</b>	<b>DATE (YYMMDD)</b>	<b>NAME OF VALIDATOR (Last, First, M.I.)</b>	<b>OFFICE SYMBOL</b>
--	----------------------	--	----------------------

<b>SAAM NUMBER</b>	<b>PRIORITY</b>	<b>UNIT PROJECT NAME OR NICKNAME</b>
--------------------	-----------------	--------------------------------------

<b>EXERCISE NAME</b>	<b>PRIORITY</b>	<b>UNIT</b>
----------------------	-----------------	-------------

**ONLOAD TO OFFLOAD**

R	LINE	NUMBER	POE	POD	PAX	BAG	CGO-ST	CUBE

**TIMING**

R	LINE	NUMBER	AVAILABILITY	PICKUP	EAD	LAD

**AIRCRAFT MISSION REQUIREMENTS**

R	LINE	NUMBER	NO. TYPE ACFT	CONFIGURATION	MISSION SUPPORT REQUIREMENTS

**COMMODITY DESCRIPTION - ONE**

R	LINE	NUMBER	DESCRIPTION	QTY	WEIGHT	CUBE	DIMENSIONS	NEW	RS

**COMMODITY HAZARDOUS - TWO**

R	LINE	NUMBER	HAZARDOUS PARA	HAZARDOUS SHIPPING NAME

**CONTACTS**

R	TYPE	LOCATION	NAME	DUTY PHONE	HOME PHONE

**BILLING INSTRUCTIONS**

**REMARKS**