

REQUEST FOR USE OF STATE AIRCRAFT

SECTION I - AGENCY INFORMATION

REQUESTING AGENCY: _____

CONTACT PERSON: _____ DATE: _____

PHONE #: _____ FAX #: _____

SECTION II - FLIGHT INFORMATION

FLIGHT SCHEDULE

LEG	DATE	DEPART TIME	CITY	STATE	ARRIVAL TIME	CITY	STATE	# / PASS.
1.								
2.								
3.								
4.								
5.								
6.								

IS CATERING REQUESTED? IF SO, WHICH LEG? _____

a. PURPOSE OF TRIP (*BE SPECIFIC*): _____

b. NAMES OF PASSENGERS: (*INDICATE IF NON-STATE EMPLOYEE [NSE]*)

SEC. III - PUBLIC OFFICIAL/AGENCY HEAD AUTHORIZATION AND RESPONSIBILITY STATEMENT

I certify that the above request for utilization of State (DFA) operated aircraft is in accordance with State and Federal Laws as well as the Policies and Procedures set forth by the Department of Finance and Administration.

AIR TRANSPORT ONLY

DATE REQUEST RECEIVED: _____

REQUEST APPROVED BY: _____

FLIGHT APPROVAL #: _____

Public Official or Agency Head

Date

*Disclaimer: **This form can be sent by e-mail or fax but must be followed up with a telephone call to confirm request. ***

FAX COMPLETED/SIGNED FORM TO: Office of Air Transport Services @ 601-932-2989

OR E-MAIL TO: air.transport@dfa.ms.gov

Revised on June 2020