

**Aviation Support Request Form**  
**Grand Junction Interagency Dispatch Center 970-257-4800**  
**Craig Interagency Dispatch Center-970-826-5037**

The County Sheriff or designee, local Fire Dept. Chief or designee or the Incident Commander will contact Grand Junction Interagency Fire Dispatch **directly** with their request for aviation resources. Prior to making that request the following information must be collected. This information will help facilitate a faster, safer and more efficient response. In order to request aviation resources call 970-257-4800 and ask to talk with the Aircraft Dispatcher or Floor Coordinator.

IC Name and Agency:

\_\_\_\_\_

Fire Name/Jurisdiction:

\_\_\_\_\_

Fire Location: \_\_\_\_\_ Elev: \_\_\_\_\_

(Lat/Long and a geographic location, **no addresses**. May use IA Zones found on UCR IA Zone Map.

Ground Contact (Name):

\_\_\_\_\_

(Must be able to TX/RX on air to ground frequency as assigned by GJC Dispatch. **This is for pilot safety.**

Wind Speed/Direction:

\_\_\_\_\_

Values at Risk:

\_\_\_\_\_

Known or Possible Flight Hazards:

\_\_\_\_\_

(Including but not limited to: power lines, other aircraft, paragliders, etc.)

Time and Date Requested:

\_\_\_\_\_

Resource(s) Requested:

HELICOPTER

Type/Qty: **Type I:** Bucket \_\_\_\_ Tank \_\_\_\_ **Type II:** Bucket \_\_\_\_ Tank \_\_\_\_ **Type III** \_\_\_\_

AIRTANKER

Type/Qty: **VLAT** \_\_\_\_ **Type I** \_\_\_\_ **Type II** \_\_\_\_ **Type II (Scooper)** \_\_\_\_ **Type III (SEAT)** \_\_\_\_

Loaded w/ Retardant \_\_\_\_ Water \_\_\_\_ Foam \_\_\_\_

AERIAL SUPERVISION/SMOKEJUMPERS

Type/Qty: **ATGS** \_\_\_\_ **ASM** \_\_\_\_ **HLCO** \_\_\_\_ **ATCO** \_\_\_\_ **SMKJ** \_\_\_\_ **PARACARGO** \_\_\_\_

# DFPC MULTI-MISSION AIRCRAFT REQUEST ORDER FORM - 2015

## TO ORDER MMA AIRCRAFT

**CALL CSP DISPATCH @ 303-279-8855 and ask for DFPC DUTY OFFICER**

Request Date

Request Time

### MISSION REQUESTED

Date Needed		Time Needed	
Incident Type	<input type="checkbox"/> Wildfire <input type="checkbox"/> Other-Specify:	Incident Name	
Mission Profile Requested	<input type="checkbox"/> Color & Infrared Sensor Specific Needs: <input type="checkbox"/> Perimeter <input type="checkbox"/> Spot Fires <input type="checkbox"/> Fire Location/Detection <input type="checkbox"/> All Hazard <input type="checkbox"/> Point to Point Transportation		

### MISSION REQUESTOR INFORMATION (Sheriff, Fire Chief, FMO etc.)

Requestor Name, Title and Agency	Requestor Phone, Email and/or Radio Frequency

### INCIDENT CONTACT INFORMATION

Name		Phone Number	
Incident Position			
Ground Contact Name		Radio Frequency	
Air Contact Name		Radio Frequency	

### INTELLIGENCE REPORTING INSTRUCTIONS

**\*\* (Specify what intel, to who/where, and how you want it sent from the plane to ground)\*\***

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### INCIDENT LOCATION INFORMATION

County			
General Location			
Latitude (specify format)			
Longitude (specify format)			
Bearing	Distance	From	

### OTHER INCIDENT AIRSPACE INFORMATION

Other Known Aerial Hazards	
Special Use Airspace	
Military Training Route	
Military Operations Area	