wings1**State of WV Aviation Division FLIGHT REQUEST FORM**

|  |  |
| --- | --- |
| **Date of Request** |  |

**Aircraft Information**

Place an ‘X’ beside the aircraft requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Airplane |  |  | Helicopter |

|  |  |
| --- | --- |
| **Estimated Cost** |  |

*This is an estimated cost based on flight time alone, actual invoice may vary depending on winds aloft, air traffic control, weather delays, and/or airport related fees.*

**Agency Information**

|  |  |
| --- | --- |
| Agency Name (Dept/Division) |  |
| Address |  |
| Phone |  |
| E-Mail |  |
| Travel Requested By |  |
| Authorizing Administrator |  |
| Contact Person |  |

*Cell numbers requested for the Pilot to contact the appropriate individual when delay/cancellation exist due to weather, etc.*

**Passenger Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Passenger #** | **First & Last Name** | **Title** | **Contact #** | **Agency** | **Approx. Passenger Weight\*** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |

*\*Passenger weight is required for aircraft weight and balance calculations.*

**Travel Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date/s of Travel** |  | **Destination/s** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Departure Time** | **From** | **To** | **Passenger #’s**  **(see above)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Purpose of Flight*:*** |
|  |
|  |
|  |

***I hereby certify that this trip is for Official Business for the State of WV***

**This Flight is authorized/approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Authority/Designee** (Print Name) **Agency Authority/Designee** (Signature) **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by the Director of Aviation Date**

Requesting Agency: Email completed form to the State of WV Aviation Division at [aviation@wv.gov](mailto:aviation@wv.gov); Questions: 304-558-0403