CROSS COUNTRY FLIGHT REQUEST

CNATRA-GEN 3700/2 (Rev. 2-64) S/N 0197-CF2-8940

FROM	PHONE	DATE
TO		
VIA		

It is requested that the cross country flight indicated below be approved.

POSITION	NAME	RANK/RATE	FILE/SERV. NO.	ATTACHED TO
PILOT				
CO-PILOT				
CREW OR PASSENGERS				

FLIGHT PURPOSE	DESTINATION	DISTANCE	ETD	ETA *(Home station)*
AIRCRAFT MODEL	TYPE FACILITY	DATE/DESTINATION LAST CROSS COUNTRY FLIGHT		

ITINERARY		FACILITIES AVAILABLE AT STOPS ENROUTE AND DESTINATION			
FACILITY	ETA/ETD	FIELD ELEV. AND RUNWAY LENGTH	FUEL/ OXYGEN	TYPE APP. AVAILABLE	REMARKS

CERTIFICATION OF PILOT			
	TOTAL FLIGHT TIME	DATE QUAL. IN MODEL	HOURS IN MODEL *(Last 6 Mos.)*
	NIGHT TIME *(Last 6 Mos.)*	TYPE INST. CARD AND EXP. DATE	INSTRUMENT TIME *(Last 6 Mos.)*
	This flight will be conducted in accordance with current rules and directives.		SIGNATURE

CHECK	X	DATE	SIGNATURE	RANK AND TITLE
APPROVED				
DISAPPROVED				
APPROVED				
DISAPPROVED				
APPROVED				
DISAPPROVED				
APPROVED				
DISAPPROVED				
APPROVED				
DISAPPROVED				

REMARKS *(If additional space required, use reverse side)*

RESET

EMAIL TO: