

# CROSS COUNTRY FLIGHT REQUEST

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

FROM	PHONE	DATE
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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)
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AIRCRAFT MODEL	TYPE FACILITY	DATE/DESTINATION LAST CROSS COUNTRY FLIGHT		
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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.)
	<i>This flight will be conducted in accordance with current rules and directives.</i>		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)