

COARNG Counterdrug Air Mission Request

1a. Requestor POC Information				1b. Alternate Requestor POC Information			
Name:		Title:		Name:		Title:	
Email:				Email:			
Phone:		Ext:		Phone:		Ext:	
Organization:				Organization:			
Date of Request:			Notification Date for Approval/Disapproval:				
2. Mission Description/Purpose							
Drug Threat:				Requested Asset(s):			
Proposed number of passengers (PAX):				Date(s) of Support:			
Provide aviation mission scope and justification:							
Communications plan, including Air to Ground Frequencies if applicable:							
Special equipment required:							
3. Timeline							
Lift	Departure/Pickup Location	Date	ETD	Destination/Drop off Location	ETA		
1							
2							
4. Mission Location Information							
	Target Description and Address				Target Coordinates (MGRS Preferred)		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
5. Account for passengers and cargo on DD Form 2131-R							
6. Please email completed form to ng.co.coarng.list.co-jcddf-aviation@mail.mil							
Official Use Only		Current MOU/Release Letter on file:				Aviation Officer	
Est. Flight Hours:		AVN Flight ID Number:					
Approved:		Comments/Reason for disapproval:					
Rejected:						Counter Drug Coordinator	

THIS DOCUMENT CONTAINS INFORMATION EXEMPT FROM MANDATORY DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT.

EXEMPTIONS (b)(5), (b)(7)(F), AND TITLE 5 USC 552 (b)(7)(f)

PASSENGER MANIFEST

DEPARTURE DATE (YYYYMMDD):

AIRCRAFT TYPE/TAIL NUMBER:

PASSENGER INFORMATION

SUPERVISOR CONTACT INFORMATION

	LIFT	NAME (Last, First, Middle)	RANK	ID Number	STATUS (on date of mission)	SUPERVISOR CONTACT INFORMATION	
						NAME	TELEPHONE
1							Ext.
2							Ext.
3							Ext.
4							Ext.
5							Ext.
6							Ext.
7							Ext.
8							Ext.
9							Ext.
10							Ext.
11							Ext.
12							Ext.
13							Ext.
14							Ext.
15							Ext.
16							Ext.
17							Ext.
18							Ext.
19							Ext.
20							Ext.
21							Ext.
22							Ext.
23							Ext.
24							Ext.
25							Ext.

I certify that no unauthorized weapons/ammunition/explosive devices, or other prohibited items are in the possession of those personnel from whom I am the designated manifesting representative or troop commander, and that their authorized weapons have been cleared.

DATE (YYYYMMDD)

PRINTED NAME (Last, First, MI)

RANK/GRADE

SIGNATURE

To be wet signed prior to flight

CARGO MANIFEST

DEPARTURE DATE (YYYYMMDD) | **AIRCRAFT TYPE/TAIL NUMBER**

BAGGAGE/CARGO							POINT OF CONTACT	
LIFT	ITEM DESCRIPTION	WEIGHT	LENGTH	WIDTH	HEIGHT	NAME	TELEPHONE	
1								Ext.
2								Ext.
3								Ext.
4								Ext.
5								Ext.
6								Ext.
7								Ext.
8								Ext.
9								Ext.
10								Ext.
11								Ext.
12								Ext.
13								Ext.
14								Ext.
15								Ext.
16								Ext.
17								Ext.
18								Ext.
19								Ext.
20								Ext.
21								Ext.
22								Ext.
23								Ext.
24								Ext.
25								Ext.

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DATE (YYYYMMDD)	PRINTED NAME (Last, First, MI)	RANK/GRADE	SIGNATURE <i>To be wet signed prior to flight</i>
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