

Pacific Northwest National Laboratory
INITIAL REQUEST for AIRCRAFT SUPPORT
DOE Research Aircraft Facility

MAIL, FAX, OR E-MAIL
 COMPLETED FORM TO:

DOE Research Aircraft Facility, MSIN K9-30
 Pacific Northwest National Laboratory
 P.O. Box 999, Richland, WA 99352
 Fax: 509-372-6168, Phone 372-6134
 John.Hubbe@pnl.gov

1. **PROJECT NAME** (OR BRIEF DESCRIPTION OF MISSION)

2. **DOE PROGRAM FUNDING THE ACTIVITY** (SELECT ONE) UNKNOWN NON-DOE: _____

ATMOS. CHEM. (ACP) ENVIRON. METEOR. (EMP) TROPO. AEROSOL (TAP) ATMOS. RAD. MEAS. (ARM) OTHER: _____

3. **PROJECT DATES** (INCLUDE INSTRUMENT UP/DOWN LOAD)

4. **DATES OF FIELD DEPLOYMENT** (START - END)

5. **NUMBER OF FLIGHT HOURS DURING DEPLOYMENT**

6. **TYPE OF AIRCRAFT REQUESTED**

GULFSTREAM 159 (G-1) OTHER: _____

7. **PROJECT AREA** (STAGING AREA AND AREA OF OPERATION)

8. **BRIEF DESCRIPTION OF PROGRAM OR PROJECT**

9. **FLIGHT SCHEDULE PROFILE(S)** (I.E., REQUIRED WEATHER, TIME OF DAY, DURATION, ALTITUDE, SPEED, MEASURED PARAMETERS)

**A RESEARCH AIRCRAFT DEPLOYMENT DOCUMENT IS COMPLETED COLLABORATIVELY BY THE PI AND THE RAF.
 MORE INFORMATION ON INSTRUMENTATION AND AIRCRAFT MODIFICATIONS WILL BE NEEDED THEN.**

10. **IF THE DOE RAF AIRCRAFT IS UNAVAILABLE OR NOT ECONOMICAL,
 DO YOU REQUEST ASSISTANCE IN LOCATING A SUITABLE AIRCRAFT
 TO SUPPORT YOUR PROJECT/MISSION?** (SELECT ONE)

YES NO

11. **FUNDING SOURCE** (SELECT ONE) UNKNOWN

DOE FUNDS OTHER: _____

12. **PRINCIPLE INVESTIGATOR/PRIMARY POINT OF CONTACT**
 (Complete name, address, phone, fax, Email)

13. **FUNDING AGENCY/SPONSOR**
 (Complete name, address, phone, fax, Email)

Signature/Date: