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| **AIRCRAFT** (*type*) | [ ]  | Helicopter | **REQUESTED BY** | **PHONE** |
| [ ]  | Airplane |
| **AGENCY** | **DESTINATION** |
| **PURPOSE OF FLIGHT**      |
| **REQUESTED****ITINERARY** | **DATE** | **TIME** | **REASON FOR STOP** |
| Depart  |       |       |       |       |
| Arrive |       |       |       |
| Depart |       |       |       |       |
| Arrive |       |       |       |
| Depart |       |       |       |       |
| Arrive |       |       |       |
| Depart |       |       |       |       |
| Arrive |       |       |       |
| Depart |       |       |       |       |
| Arrive |       |       |       |
|  |
| **PASSENGER NAME & TITLE** | **AGENCY/AFFILIATION** | **PHONE** |
|       |       |       |
|       |       |       |
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| **The Capital City Airport Division requires a complete manifest on file before departure from any location. Photo ID is required prior to boarding state-owned or state-charted aircraft. An itinerary for distribution to passengers will be faxed or emailed to the person who initiated the request.** |
| **BILLING AGENCY** | **FUNDING SOURCE** | **PHONE** | **FAX** |
| **ADDRESS** (*street*) | **CITY** | **STATE** | **ZIP** |
| **Regarding this use of state-owned or state-chartered aircraft, I acknowledge that state travel regulations apply and that as the requesting agency we will comply with said regulations prior to the departure of this flight.** |
| **SIGNATURE** (*Secretary/Designee*) | **DATE** | **Return all approved requests to the Flight Coordinator by fax:** Capital City Airport Division90 Airport Rd. Bldg. 400Frankfort, KY 40601-6198Ph. (502) 564-0099Fax (502) 564-0172http://cca.ky.gov |
| **Governor/Lieut. Governor Use Only** | **CCAD Use Only** |
| Percent of Flight | Business       | Flight # |       |
| Personal       | Aircraft |       |
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