



DEPARTMENT OF AVIATION

REQUEST FOR USE OF STATE-OWNED OR STATE-CHARTERED AIRCRAFT

AIRCRAFT (type)	<input type="checkbox"/> Helicopter <input type="checkbox"/> Airplane	REQUESTED BY	PHONE
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AGENCY	DESTINATION
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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

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-chartered 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 Division 90 Airport Rd. Bldg. 400 Frankfort, KY 40601-6198 Ph. (502) 564-0099 Fax (502) 564-0172 http://cca.ky.gov
Governor/Lieut. Governor Use Only	CCAD Use Only	
Percent of Flight Business	Flight #	
Personal	Aircraft	