

7. POINT OF CONTACT				
	Departure	Destination		
a. Name				
b. Duty Telephone No.				
c. After Duty Telephone No.				
Note: The listed individual(s) must be able to contact passengers before departure and after arrival. In the event of aircraft / weather problem, the aviation unit will notify the respective POC of any delay or cancellation.				
8. Cargo Type				
9. LARGEST HEAVIEST ITEM				
Length	Height	Width	Weight	
a. Cargo handlers will be provided at departure and arrival location to on and off load cargo: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
b. Special cargo certification / handling have been met: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
10. PRIORITY - SELECT THE APPROPRIATE STATEMENT THAT APPLIES TO YOUR MISSION				
	PRI 1	The undersigned certifies that the requested airlift is in direct support of operational forces engaged in a contingency operation directed by the National Command Authorities or for emergency lifesaving purposes.		
	PRI 2	The undersigned certifies that the requested airlift requirements include compelling operational considerations that make commercial transportation unacceptable. It is further certified that commercial travel schedules have been checked and will not meet the requester's travel requirements.		
	PRI 3	The undersigned certifies that the requested mission is an official business airlift which can be shown to be more cost effective than commercial air when supported by military aircraft.		
11. SIGNATURES				
a. REQUESTING OFFICIAL (<i>Must be on orders filed with DCSOPS OSA office</i>)				
Name, Rank, and Title		Phone	Unit	Date <small>(dd mm yy)</small>
b. SENIOR TRAVELER: The mission is for an official purpose, the justification is accurate and complete, and the request meets all travel policy requirements. <i>Signature may not be delegated.</i>				
Name, Rank, and Title		Phone	Unit	Date <small>(dd mm yy)</small>
c. AUTHORIZING OFFICIAL (<i>Must be on orders filed with DCSOPS OSA office</i>)				
Name, Rank, and Title		Phone	Unit	Date <small>(dd mm yy)</small>
12. VALIDATOR				
a. <input type="checkbox"/> OSA <input type="checkbox"/> Operational <input type="checkbox"/> Required use <input type="checkbox"/> Special				
b. Mission Status <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modification <input type="checkbox"/> Disapproved - Cancellation / Regret Code: _____				
c. PUJC Code	Validator's Signature	Unit	Phone	Date <small>(dd mm yy)</small>
d. Validator's Comments:				
13. <input type="checkbox"/> Forward Presence <input type="checkbox"/> Bilateral Coordination <input type="checkbox"/> Joint Operations <input type="checkbox"/> Installation Management				