REQUEST FOR ARMY AVIATION SUPPORT							
DA	ΓA REQUIR	ED BY THE PRIV	ACY ACT OF	1974 Mis	sion No. Ve	ersion (Offici	al Use Only)
Authority: Principal Pu Routine Use Disclosure:	-	To request flight supp	cutive Order 9397 flight mission requests request flight support from WIARNG closure of this information is voluntary				
To: ATTN	JFHQ-WI I: WIAR-AVN son, WI 5370 Name:	Orain)			Date:		
Phone #:			E-mail:				
Day of Mis	sion POC:						
Cell #:		E-mail:					
Mission Summary:							
MISSION DETAILS							
Description of Mission (provide add'l info that will aid the crew in executing the mission):							
W/aathar A	haut Times	(Tire e ve	au actor pando	to be notified	od to avagus	o hooluus ale	200
Weather Abort Time: (Time requestor needs to be notified to execute backup plan.)							
PAX Categories (select all that apply) Mission Type(s) Requested Air Movement							
☐ Federal Civilian Employees ☐ Orientation Flight ☐ Foreign / Non-US ☐ Flyover							
☐ Military ☐ Static Display							
☐ Minors/ROTC				☐ Other			
□ N/A (no passengers flying) □ Passenger loading / ground training							a
YON If ACFT will land off public use airport or federal lands, complete page 4 (LDG Auth Agree't).							
ROUTE OF FLIGHT							
MISSION DEPART DEPARTURE LOCATION					VAL LOCA	TION	ARRIVAL
DATE	TIME *	(AIRPORT NAME	OR LAT/LONG)	(AIRPOR	T NAME OR L	AT/LONG)	TIME
* Passengers should arrive a minimum of 45 minutes prior to the departure time for a mandatory safety briefing.							
_		check mark next to ti	mes that are not fl	exible. Departu			
For Official Use Only: ACFT No. by Type: Date Updated:							
ACFT No. by Type: Date Updated: Date Updated							
WIA	KNG Form	n 12-E (pg 2 of 5),	JUNE 2025 - I	PKEVIOUS	VERSIONS	AKE OBS	PLETE