

**New Mexico Department of Public Safety
Search and Rescue Office
AIRCRAFT REQUEST FORM**

Mission Number	Operational Period	Date	Time
- -			

Reasons for Aircraft Request	
Subject transport	
Personnel Transport <i>(Include Weight)</i>	(lbs)
Medical Personnel Needed	
Hoist and/or Litter Needed	
Additional Equipment Needed	

Subject's Profile			
Physical Condition		Gear	
Possible Injuries		Weight	

Terrain and Hazards			
Altitude		Surrounding Peaks	
Vegetation Kind		Incline	
Vegetation Density		Power Lines	
Visibility		Wildfire	
Snow Conditions		Other	

Weather			
Current		Wind	
Cloud Cover/Ceiling		Temperature	
Expected Weather for Next 8 Hours			

Area of Search			
IB Coordinates		County	
PLS Coordinates		Search Area Direction	
Search Boundaries		Maximum Search Radius	
Area Jurisdiction		Kind of Teams in Area	
Tactics		Number of Teams in Area	

Preferred Aircraft for Situation			
<input type="checkbox"/> Helicopter	<input type="checkbox"/> Fixed Wing	<input type="checkbox"/> High Bird	
Other Known Aircraft in Area of Search:			

Known Landing Zones Near Area of Search			
Lat./Long Coordinates		Altitude	
Lat./Long Coordinates		Altitude	

Time Frame			
Preferred ETA		Preferred Time in Segment	

Communication			
Frequency to IB		IC Cell Phone #:	
Frequency to Aircraft		Pilot Cell Phone #	

Information and Experience of Available External Personnel <i>(unrelated to aircraft personnel)</i>			
Names		Agency	
<input type="checkbox"/> Loading and Unloading	<input type="checkbox"/> LZ Operation	<input type="checkbox"/> Hoist Operation	<input type="checkbox"/> Patient Packaging
Observer: Name		Agency	
Pick-up Location		Weight	
Area Commander Name and Number:			

Prepared by: Name:	Title:
---------------------------	---------------