NDOW ICS 220
Air Operations Request Form

Incident Name:	Date Prepared:	Time Prepared:	Operational Period Date: From: To:	Operational Period Time: From: To:

Personnel & Communications

Position	Name	Radio Freq.	Phone	Fax	Desired Date, Time, Pickup Location::
Air Operations Director					
					Confirmed Date, Time, Pickup Location:

Personnel	Weight	Assignment/ Position	Helicopter (No. & Type)	Time Available	Takeoff Time	Return Time	Remarks
	Totals						

Prepared By:	Agency:	ICS Position:	Approved By:	Agency:	ICS Position: OSC

BRANCH DIR/DIVISION OR GROUP SUPERVISOR COMPLETES YELLOW BOXES & SUBMITS TO OPS CHIEF, OPS CHIEF COMPLETES ORANGE BOXES AND SUBMITS TO AIR BOSS, AIR BOSS COMPLETES BLUE BOXES AND FAXES FORM TO BRANCH DIR/DIVISION OR GROUP SUPERVISOR