

REMAIN OVERNIGHT REQUEST

Patron's Name: _____ Date Prepared: _____

Home Phone: (____) _____ Work Phone: (____) _____

Primary Aircraft Requested: _____ Alternate Aircraft Requested: _____

Inclusive Dates of Request: (from) _____ (to) _____

Total Planned Flying Hours: _____

Intended Refuel Stops and Destinations:

Provide name of town (s) and three letter identifier of airport(s). If uncharted, provide a description of location (radial and distance from NAVAID or Lat/Long).

CERTIFICATION: I certify that I am current and qualified per FAR's, and the RAFA SOP for the requested aircraft and flight conditions. I will adhere to all applicable regulations and the provisions of the RAFA SOP. I will require each passenger to sign a 'Covenant Not to Sue' (waiver) prior to their flying in the RAFA aircraft. I understand the minimum flying hours required for RON use of aircraft.

Patron's Signature: _____

MANAGER:

Request Approved on _____, /s/ _____

If use is approved for fewer minimum flying hours than stated in the SOP, specify revised minimum required and manager initials: _____ hours / (initials) _____

Request Disapproved on _____, /s/ _____

Reason for disapproval: _____

