

MISSION FLIGHT PLAN/BRIEFING FORM			MISSION NO.	DATE	WMRS SORTIE NO.
INSTRUCTIONS: Complete all pertinent items. Where items are not required or not applicable, write N/A. This form must be reviewed prior to flight authorization. Complete reverse side after mission. USE BLACK OR BLUE INK ONLY					
CREW QUALIFICATION PIC: _____ <input type="checkbox"/> Aeft Type <input type="checkbox"/> Night <input type="checkbox"/> Instrument <input type="checkbox"/> Mountain PLT/ OBSVR: _____ <input type="checkbox"/> Mission <input type="checkbox"/> Trainee SCANNER: _____ <input type="checkbox"/> Mission <input type="checkbox"/> Trainee		Aircraft Equipment <input type="checkbox"/> CAP RADIO FREQ <input type="checkbox"/> D F <input type="checkbox"/> POLICE RADIO FREQ <input type="checkbox"/> TRANSPONDER <input type="checkbox"/> VOR <input type="checkbox"/> MESSAGE DROPS <input type="checkbox"/> ADF <input type="checkbox"/> SURVIVAL KIT <input type="checkbox"/> ELT <input type="checkbox"/> RCOM SATPHONE <input type="checkbox"/> NIGHT FLIGHT <input type="checkbox"/> DIGITAL VIDEO <input type="checkbox"/> INSTRUMENT FLT <input type="checkbox"/> SLOW SCAN <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> SDIS <input type="checkbox"/> FIRST AID KIT <input type="checkbox"/> ARCHER		FLIGHT PLAN INFO FILED FAA <input type="checkbox"/> CAP <input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> AIRCRAFT NUMBER: <u>N</u> CAPFLIGHT ID: <u>CPF</u> AIRCRAFT TYPE: _____ HORSEPOWER: _____	
MISSION OBJECTIVES: (What are you trying to accomplish or look for)			TRUE AIRSPEED: _____		
SEARCH AREA / ROUTE (DESCRIPTION / LOCATION)			POINT OF DEPARTURE: _____		
TERRAIN/GROUND COVER			ETD/ATD <u> Z / Z </u>		
TYPE OF SEARCH PATTERN(S)			OUTBOUND/INBOUND ALTITUDE		
AIRCRAFT SEPARATION (ADJOINING AREAS)			/		
DIRECTION OF TRACKS		TRACK SPACING	ROUTE OF FLIGHT		
HAZARDS TO FLIGHT		SEARCH ALTITUDE			
SEARCH AIRSPEED					
LOW ALTITUDE TRAINING ROUTES		EMERGENCY FIELDS		DESTINATION AIRPORT	
				CITY	
				ESTIMATED FLIGHT TIME	
				HRS. MIN.	
				FUEL ON BOARD	
				HRS. MIN.	
WEATHER CURRENT LOCAL		FORECAST LOCAL		ALTERNATE AIRPORT (IFR Flight Plan)	
WEATHER CURRENT SEARCH AREA		FORECAST SEARCH AREA			
MISSION BASE CALL SIGN		CHANNEL		PIC'S ADDRESS	
MOBILE CALL SIGN		CHANNEL		PIC'S PHONE NO.	
MOBILE LOCATIONS		AIR-TO-AIR COORDINATION CHANNEL		NO. OF PERSONS ABOARD	
				COLOR OF AIRCRAFT: (Rd/Wh/Bl)	
CADET'S AFROTC DET/CAP SQDN		ORIENTATION FLIGHT SYLLABUS NUMBER		PROPOSED LDG TIME: <u> Z </u>	
				ACTUAL LDG TIME <u> Z </u>	
				FAA FLIGHT PLAN CLOSED <input type="checkbox"/>	
PILOT'S SIGNATURE		OPS BRIEFING OFFICER'S SIGNATURE		OPS/CLEARANCE/DISPATCH SIGNATURE	

