

| 5. Passenger Manifest: | | | | | | |
|---|--|-------|-------------|-----------|-------|--------|
| NAME | RANK | SSAN | INDIV WT | BAG WT | UNIT | PHONE |
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| 6. Point of Contact | | | (Departure) | (Arrival) | | |
| a. Name | | | | | | |
| b. Duty Tel# | | | | | | |
| c. After Duty Tel # | | | | | | |
| Note: The listed individual(s) must be able to contact passengers before departing and after arrival. In the event of aircraft/weather problems, the POC's will be notified of delay or cancellation. | | | | | | |
| 7. Cargo Type: | | | | | | |
| | | | Length | Height | Width | Weight |
| 8. Largest Heaviest Item: | | | | | | |
| | | | | | Yes | No |
| Cargo Handlers will be provided at departure and arrival location to on and off load cargo: | | | | | | N/A |
| Special cargo certification/handling have been met: | | | | | | |
| 9. Priority and PUJC Code | | | | | | |
| a. Select the Appropriate Statement That Applies To Your Mission: | | | | | | |
| | The undersigned certifies that the requested airlift is in direct support of operational forces engaged in a contingency operation directed the National Command Authorities or for emergency lifesaving purposes. | | | | | |
| | The undersigned certifies that the requested airlift requirements with compelling operational considerations that make commercial transportation unacceptable. It is further certified that commercial travel schedules have been checked and will not meet the requestors travel requiremens. | | | | | |
| | The undersigned certifies that the requested mission is an official business airlift which can be shown to be more cost effective than commercial air when supported by military aircraft. It is further certified that commercial travel schedules have been checked and will meet the requestors travel requirement. | | | | | |
| Priority Urgency Justification Category Code (For Office Use Only): | | | | | | |
| 10. SIGNATURES: | | | | | | |
| a. UNIT AUTHORIZING OFFICIAL: | | | | | | |
| NAME/RANK AND TITLE | | PHONE | UNIT | SIGNATURE | DATE | |
| | | | | | | |
| b. REVIEWING OFFICIAL: (JAG) | | | | | | |
| NAME/RANK AND TITLE | | PHONE | UNIT | SIGNATURE | DATE | |
| | | | | | | |
| c. AUTHORIZING OFFICIAL: | | | | | | |
| NAME/RANK AND TITLE | | PHONE | UNIT | SIGNATURE | DATE | |
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| d. SENIOR TRAVELER: | | | | | | |
| NAME/RANK AND TITLE | | PHONE | UNIT | SIGNATURE | DATE | |
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