

INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION

(TFR request must be phoned in as per FAA. This form may also be FAXed to provide documentation.)

RESOURCE ORDER NUMBER:	DATE:
Request #: A -	TIME:
TO: FAA ARTCC _____	FROM: DISPATCH OFFICE _____
FAA PERSON CONTACTED: _____	PERSON REQUESTING TFR: _____
FAA PHONE: _____ FAX: _____	24 HR. PHONE (No Toll Free #s) _____

☐ Check if this TFR is a replacement. If so, NOTAM # of TFR being replaced. _____
(Existing TFRs can not be changed, only cancelled and replaced.)

Geographic Location of Incident (nearest town, state) _____

Location (Circular TFR) List nearest NAVAID (distance should be less than 50 NM) - do not use NDB or T-VOR.					
VOR ID	RADIAL (Degrees)	DISTANCE (NM)	LAT/LONG of Center Point (use US NOTAM OFFICE FORMAT dddmmssN/ddmmssW)		RADIUS (NM) (5 NM is standard)
			N/ W		

OR (Polygon TFRs should be rare and only used if circular shape is not adequate.)

Location (Polygon TFR) (List perimeter points in clockwise order) List nearest NAVAID (distance < 50 NM) - do not use NDB or T-VOR.									
Point #	VOR ID (XXX)	Radial (Degrees)	Distance (NM)	Lat/Long dddmmssN/ddmmssW	Point #	VOR ID (XXX)	Radial (Degrees)	Distance (NM)	Lat/Long dddmmssN/ddmmssW
1				N/ W	5				N/ W
2				N/ W	6				N/ W
3				N/ W	7				N/ W
4				N/ W	8				N/ W

Altitude restrictions: _____ FEET MSL (do not use AGL – Standard is 2000' above highest terrain point)

The _____ / _____ at _____ , _____
Agency Name Incident Name 24 Hr. Phone # (No Toll Free #s) VHF-AM Air/Air Frequency
is in charge of on scene emergency response activities. TFR to provide a safe environment for fire fighting aircraft operations; effective immediately, until further notice, 24 hrs/day.

The requested TFR affects the following Special-Use Airspace:					
The requested TFR affects the Military Training Routes listed below:					
Route	SCHEDULING ACTIVITY	SEGMENT(S)	Route	SCHEDULING ACTIVITY	SEGMENT(S)

IMPORTANT NOTE TO FAA: If the TFR affects SUA and/or MTR(s), we request NOTAM distribution to all military bases involved, to the Coordinating Flight Service Station, and, for MTRs, to the Flight Service Station and Air Route Traffic Control Center with responsibility for the airspace at the route entry point(s).

NOTAM # _____	ISSUED AT _____ (Time) On _____ / _____ (Date)
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Date/Time TFR Cancelled: _____ By: _____