

CAP MILITARY AIRLIFT (MILAIR) REQUEST FORM

1	TO:	2	FROM:		
3 FLIGHT ITINERARY (See Note a)					
LEG	DATE	DEPARTURE STATION	TIME	ARRIVAL STATION	TIME
A					
B					
C					
D					
4 PASSENGER LIST (See Note b)					
NAME		GRADE	BRANCH		
5 PURPOSE OF TRAVEL					
6 FLYING UNIT/POC/DSN/REQUIREMENTS (See Note c)					
7 GROUP LEADER (See Note d)					
NAME		WORK PHONE/FAX	HOME PHONE (AREA CODE + NO.)		
8 CAP-USAF AIRLIFT COORDINATOR SIGNATURE (See Note e)					
NOTES:					
a. (Block 3) Provide the actual airport or military installation, and the state. Use local times.					
b. (Block 4) List senior traveler first. List the first five passengers on this worksheet and attach a separate listing of all other passengers.					
c. (Block 6) List flying unit, point of contact, DSN phone number and any requirements the unit may have (man-days, per diem, appropriate number, etc.).					
d. (Block 7) Group leader's name, work and home phone numbers, and fax number, if available. If the group leader is not known at the time this form is completed, leave this block blank. When the group leader is identified, call HQ CAP-USAF/XOO and the validator will fill in the information.					
e. (Block 8) LR airlift coordinator's signature and signature block.					