

DEFENSE SECURITY COOPERATION AGENCY
201 12th Street South, Suite 402, West Tower
Arlington, Virginia 22202

REQUEST FOR REVENUE TRAFFIC AIRLIFT

Date:	
Request No:	
From:	
To:	SDO/DATT

Revenue traffic airlift services as described are requested for the following activity:	
Purpose, date, estimated flying times, and route of non-Security Assistance flight mission:	
Billing address:	
Fund citation to be shown on billing:	

CERTIFICATION BY REQUESTING OFFICIAL: Pursuant to requirements of DoD 4515.13-R and DoDD 4500.9E, I certify that commercial transportation is neither available, nor readily obtainable, nor satisfactorily capable of meeting the requirements. I certify that the requesting office will accept liability for the reimbursement billing for airlift service provided in response to this request.

[Name and Title of Requesting Official]

For use by SDO/DATT:

[Name and Title of SDO/DATT or SCO Approving Official]