SAAM OR JCS EXERCISE - AIRLIFT REQUEST

AUTHORITY: 10 U.S.C. 8012

PRINCIPAL PURPOSE(S): Your home phone number is required in order that contact can be made during off-duty hours.

ROUTINE USES: Your home phone number will be used to obtain information regarding the mission or to advise you of unexpected changes to previous arrangements.

DISCLOSURE IS VOLUNTARY: The requirement for your home phone number is voluntary. IMPACT IF NOT FURNISHED: The airlift mission could be delayed and additional cost incurred.

OVERALL SECURITY CLASSIFICATION					DATE (YYMMDD)		N.	NAME OF VALIDATOR (Last, First,				M.I.) OFFICE SYMBOL		
SAAM NUMBER PRIORITY					UNIT PROJECT NAME OR NICKNAME									
EXERCISE NAME					PRIORIT	U	UNIT							
						U OAD TO	OFFI OAD							
R	LINE	NUMBE	R	POE	Oi	NLOAD TO OFFLOAD POD				PAX	BAG	CGO-ST	CUBE	
						TIMING								
R	LINE NUMBER		R	AVAILABILITY	PIC	KUP	UP E		EAD		LAD			
					AIRCRAF	T MISSION	REQUIRE	MEN	NTS					
R	LINE	LINE NUMBER NO. T		NO. TYPE ACFT	CONFIGURATION			MISSION SUPPORT REQUIREMENTS						
		l .			COMMO	DITY DESC	CRIPTION -	- 01	NE					
R LINE		NUMBER		DESCRIPT	ION	QTY	WEIGHT		CUBE	DIMENSIONS		NEW	RS	
R LINE NUMBER HAZARDOUS F						COMMODITY HAZARDOUS - TWO PARA HAZARDOUS SHIPPING NAME								
K LINE		NOMBL	-11	HAZARDOOS	T ANA	TIAZARDOGO SHII TING NAI						-		
						CONTA	CTS							
R	TYPE		LOCATION			NAME			DUTY	PHONE		HOME PHO	PHONE	
BILLI	NG INSTRU	JCTIONS							•		•			
REM	ARKS													