

REQUEST FOR A TEMPORARY FLIGHT RESTRICTION

DATE: _____ TIME: _____	FAA ARTCC requires phone notification. ARTCC _____ FAA PHONE: _____ FAX: _____
Resource Order Number: _____ Request Number: A - _____	DISPATCH OFFICE _____ PERSON REQUESTING TFR: _____ 24 HR. PHONE (No Toll Free #s) _____

Circular Degrees Minutes Seconds Only – use zero's for seconds if unavailable	
LAT/LONG of Center Point (US NOTAM OFFICE FORMAT ddmssN/ddmmssW)	RADIUS (NM) (5 NM is standard)
N/	W

Polygon (List perimeter points in clockwise order). For NES Input: Use the same NAVAID if possible for each point. List nearest NAVAID (distance < 50 NM) - do not use NDB or T-VOR. (For lat/long - Degrees Minutes Seconds only)

Point #	Lat/Long format ddmssN/ddmmssW	Point #	Lat/Long format ddmssN/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

NOTAM # of TFR being replaced _____

Altitude (MSL: Only) _____

24 hours a day? _____ or Daytime Operational Hours: (UTC) _____ to _____

Incident TFR Duration: _____ to _____ (Estimate – 2 months out is ok)

Format: YYMMDDhhmm to YYMMDDhhmm

Geographic Location of Incident (NM from nearest well known location recognizable to general aviation or local town, state)

Agency in Charge _____ Incident Name _____

24 hour phone number (No toll Free #s) _____ VHF-AM Air to Air Frequency _____

This will affect the following Special-Use Airspace: (MOA, RA, WA, PA, AA): _____

This will affect the following Military Training Routes:					
Route	SEGMENT(S)	SCHEDULING ACTIVITY	Route	SEGMENT(S)	SCHEDULING ACTIVITY

NOTAM # _____ Time Issued _____ Date ____/____/____

Date/Time TFR Canceled: _____ By: _____ Replaced by _____