

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| <b>REQUEST FOR MILITARY AERIAL SUPPORT</b><br><b>ALL EVENT REQUESTERS MUST READ THE INSTRUCTIONS ON PAGE 4</b><br><b>BEFORE COMPLETING THIS FORM.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                           |                                                                           |                                                                                                          |                                                                      | <b>REQUEST NUMBER</b>                                                                                                                         |                                                                                                                                                             | OMB No. 0704-0290<br>OMB approval expires<br>20260131    |  |
| The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS ON PAGE 4.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>ALL DATA WILL BE HANDLED ON A "FOR OFFICIAL USE ONLY" BASIS.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>SECTION I - ACTIVITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>1. CATEGORY REQUESTED (X and complete as applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                           | <b>1) DATE(S) REQUESTED</b><br><i>(Start to End)</i><br><i>(YYYYMMDD)</i> |                                                                                                          | <b>(2) TYPE AIRCRAFT REQUESTED</b><br>ANY (X)    SPECIFIC (Optional) |                                                                                                                                               | <b>(3) MILITARY SERVICE REQUESTED</b><br>ALL (X)    SPECIFIC (Optional)                                                                                     |                                                          |  |
| <input type="checkbox"/> a. FLYOVER (See paragraph 5 of Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                           |                                                                           |                                                                                                          | <input type="checkbox"/>                                             |                                                                                                                                               | <input type="checkbox"/>                                                                                                                                    |                                                          |  |
| <input type="checkbox"/> b. STATIC DISPLAY (See paragraph 6 of Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               | <input type="checkbox"/>                                                                                                                                    |                                                          |  |
| <input type="checkbox"/> c. SINGLE AIRCRAFT DEMONSTRATION<br><i>(See paragraph 8 of Instructions)</i><br>Is this request for an air show?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                           |                                                                           |                                                                                                          | <input type="checkbox"/>                                             |                                                                                                                                               | <input type="checkbox"/>                                                                                                                                    |                                                          |  |
| <input type="checkbox"/> d. OTHER AERIAL SUPPORT<br><i>(i.e. Parachute Demo, SAR Demo)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               | <input type="checkbox"/>                                                                                                                                    |                                                          |  |
| <input type="checkbox"/> e. AERIAL DEMONSTRATION TEAM (X all requested. See Instructions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                           | <input type="checkbox"/> (a) PRIMARY DATE<br><i>(YYYYMMDD)</i>            |                                                                                                          | <input type="checkbox"/> (b) ALTERNATE DATE(S) (YYYYMMDD)            |                                                                                                                                               | <input type="checkbox"/> (c) I WILL CONSIDER ANY DATE DURING AIR SHOW SEASON (X one)<br><br><input type="checkbox"/> YES<br><br><input type="checkbox"/> NO |                                                          |  |
| <input type="checkbox"/> U.S. ARMY GOLDEN KNIGHTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <input type="checkbox"/> U.S. NAVY BLUE ANGELS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <input type="checkbox"/> U.S. NAVY LEAP FROGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <input type="checkbox"/> U.S. AIR FORCE THUNDERBIRDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <input type="checkbox"/> U.S. AIR FORCE WINGS OF BLUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <input type="checkbox"/> OTHER (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>2. INCLUSIVE DATES/TIME OF EVENT</b> (YYYYMMDD/0:00 a.m. or p.m.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>START DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>END DATE</b>                                           |                                                                           | <b>REHEARSAL DATE</b> (required for air shows/open houses)                                               |                                                                      | <b>TIME</b>                                                                                                                                   |                                                                                                                                                             | <input type="checkbox"/> CHECK IF 1-DAY EVENT            |  |
| <b>SECTION II - EVENT AND SITE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>3.a. EVENT TITLE</b> (to include if air show)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                                           |                                                                                                          |                                                                      | <b>b. SITE OF EVENT</b> (Must be accessible by persons with disabilities)                                                                     |                                                                                                                                                             |                                                          |  |
| <b>c. SITE CITY, STATE AND ZIP CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>d. SITE ELEVATION</b><br><i>(Feet above sea level)</i> |                                                                           | <b>e. RUNWAY LENGTH X WIDTH</b>                                                                          |                                                                      | <b>f. ARRESTING GEAR WITHIN REQUIRED DISTANCE</b><br><i>(X one)</i><br><input type="checkbox"/> YES <input type="checkbox"/> NO               |                                                                                                                                                             | <b>g. TYPE OF SITE</b> (e.g., airport, park, lake, etc.) |  |
| <b>h. EXPLAIN RECRUITING SUPPORT</b> (Including local Armed Forces point of contact if applicable.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                           |                                                                           |                                                                                                          |                                                                      | <b>i. We agree to provide local military recruiters, at no charge, prime space at the event for recruiting purposes.</b><br><b>SIGNATURE:</b> |                                                                                                                                                             |                                                          |  |
| <b>j. WEBSITE AND SOCIAL MEDIA HANDLES FOR EVENT:</b> (Contact aircraft/parachute team for specific unit or Service level social medial platform handles and hashtags.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>WEBSITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>FACEBOOK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>INSTAGRAM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>TWITTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>OTHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>k. IS THERE CIVILIAN AERIAL PARTICIPATION PLANNED FOR THE EVENT?</b> (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>4. EVENT SITE CERTIFICATION</b> (To be completed by an agent exercising authority for site use) I certify that an agreement has been made with the requesting organization indicated in Section III to use the event site indicated in 2.b. above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                           |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>a. NAME</b> (Last, First, Middle Initial) (Include Mr./Ms./Mil. Rank)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                           |                                                                           | <b>b. TITLE</b>                                                                                          |                                                                      |                                                                                                                                               | <b>c. TELEPHONE NO.</b> (Include area code)                                                                                                                 |                                                          |  |
| <b>d. SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                           |                                                                           |                                                                                                          |                                                                      | <b>e. DATE SIGNED</b> (YYYYMMDD)                                                                                                              |                                                                                                                                                             |                                                          |  |
| <b>5. ATTENDANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>6. PLANNED MEDIA COVERAGE</b> (X as applicable)        |                                                                           |                                                                                                          |                                                                      |                                                                                                                                               |                                                                                                                                                             |                                                          |  |
| <b>a. PROJECTED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>b. PRIOR EVENT</b>                                     |                                                                           | <input type="checkbox"/> TELEVISION <input type="checkbox"/> RADIO <input type="checkbox"/> SOCIAL MEDIA |                                                                      | <b>YOUR MEDIA/PR POC</b> (Name/telephone/email):                                                                                              |                                                                                                                                                             |                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                           |                                                                           | <input type="checkbox"/> REGIONAL <input type="checkbox"/> PRINT                                         |                                                                      | <b>NAME</b>                                                                                                                                   |                                                                                                                                                             |                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                           |                                                                           | <input type="checkbox"/> NATIONAL <input type="checkbox"/> NONE                                          |                                                                      | <b>TELEPHONE</b>                                                                                                                              |                                                                                                                                                             |                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                           |                                                                           |                                                                                                          |                                                                      | <b>EMAIL</b>                                                                                                                                  |                                                                                                                                                             |                                                          |  |

### SECTION III - REQUESTER INFORMATION

|                                                                                                                                                                                                              |                    |                                                     |                                                                                                        |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>7. LOCAL REQUESTING ORGANIZATION</b> <i>(not contracted event promoter, airboss, or others not directly employed by event requesting organization)</i>                                                    |                    |                                                     | <b>b. TYPE</b> <i>(X one)</i><br><input type="checkbox"/> PROFIT<br><input type="checkbox"/> NONPROFIT |                                     |
| <b>a. NAME</b> <i>(Include website)</i>                                                                                                                                                                      |                    |                                                     |                                                                                                        |                                     |
| <b>8. POINT OF CONTACT FOR AVIATION ACTIVITIES FOR THIS EVENT</b> <i>(Please PRINT all contact information.)</i>                                                                                             |                    |                                                     |                                                                                                        |                                     |
| <b>a.</b> <i>(X one)</i><br><input type="checkbox"/> MR. <input type="checkbox"/> MS.                                                                                                                        |                    | <b>b. NAME</b> <i>(Last, First, Middle Initial)</i> |                                                                                                        | <b>c. RANK</b> <i>(If military)</i> |
| <b>d. PHONE NUMBERS</b> <i>(Include area code)</i>                                                                                                                                                           |                    |                                                     | <b>e. E-MAIL ADDRESS</b>                                                                               |                                     |
| (1) TELEPHONE NO.                                                                                                                                                                                            | (2) CELL PHONE NO. | (3) DSN                                             |                                                                                                        |                                     |
| <b>9. IS EVENT OFFICIALLY SUPPORTED BY LOCAL GOVERNMENT</b> <i>(X one)</i>                                                                                                                                   |                    |                                                     | YES<br><input type="checkbox"/>                                                                        | NO<br><input type="checkbox"/>      |
| <b>10. WILL YOU PROVIDE A POST-EVENT REPORT ON REQUEST?</b> <i>(X one)</i>                                                                                                                                   |                    |                                                     | <input type="checkbox"/>                                                                               | <input type="checkbox"/>            |
| <b>11. DOES REQUESTING ORGANIZATION PERMIT MEMBERSHIP WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, GENDER IDENTITY, OR SEXUAL ORIENTATION?</b> <i>(X one)</i>             |                    |                                                     | <input type="checkbox"/>                                                                               | <input type="checkbox"/>            |
| <b>12. WILL ALL ASPECTS OF THIS EVENT BE AVAILABLE TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, DISABILITY, SEX, GENDER IDENTITY, OR SEXUAL ORIENTATION?</b> <i>(X one)</i> |                    |                                                     | <input type="checkbox"/>                                                                               | <input type="checkbox"/>            |
| <b>13. WILL THE EVENT BE OPEN TO THE GENERAL PUBLIC?</b> <i>(X one)</i>                                                                                                                                      |                    |                                                     | <input type="checkbox"/>                                                                               | <input type="checkbox"/>            |

### SECTION IV - FEDERAL AVIATION ADMINISTRATION COORDINATION

*(This Section is not required for static displays. Requester may submit a completed FAA Form 7711 (safety form) along with this form in lieu of obtaining a FSDO signature in this section. However, the FSDO contact name and number MUST be included here.)*

**FOR THIS EVENT TO BE CONSIDERED FOR U.S. MILITARY SUPPORT, THE REQUESTER MUST HAVE THIS SECTION COMPLETED BY THE FLIGHT STANDARDS DISTRICT OFFICE RESPONSIBLE FOR CONTROLLING THE AERIAL ACTIVITIES AT THE EVENT SITE.**

For events where the airspace falls under the purview of the United States Department of Transportation, Federal Aviation Administration (FAA) coordination is required for all U.S. military aviation activities described in Section I EXCEPT AIRCRAFT STATIC DISPLAYS. THE REQUESTER WILL FORWARD THIS DOCUMENT, WITH SECTIONS I THROUGH III AND SECTIONS V THROUGH VII COMPLETED, TO THE FLIGHT STANDARDS DISTRICT OFFICE (FSDO) HAVING JURISDICTION OVER THE SITE. After completion of Section IV by the FSDO, form will be returned to the requester for submission to DoD. Requesters will allow a minimum of 45 days for FAA review and completion.

|                                                                                                                                                                                                                                                                                                  |                                                                     |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|
| <b>14. FLIGHT STANDARDS DISTRICT OFFICE REVIEW</b><br>I have reviewed the requested activity in Section I and determined that: <i>(X and complete as applicable)</i>                                                                                                                             |                                                                     |                                                           |
| <input type="checkbox"/> <b>a. FAA/OTHER GOVERNMENTAL WAIVER IS NOT REQUIRED.</b>                                                                                                                                                                                                                |                                                                     |                                                           |
| <input type="checkbox"/> <b>b. WAIVER IS REQUIRED FOR THE FOLLOWING AERIAL ACTIVITIES LISTED IN SECTION I:</b> <i>(Specify)</i>                                                                                                                                                                  |                                                                     |                                                           |
| <input type="checkbox"/> <b>c. COORDINATION HAS BEEN ACCOMPLISHED WITH CONTROLLING AIR TRAFFIC CONTROL FACILITY.</b>                                                                                                                                                                             |                                                                     |                                                           |
| <input type="checkbox"/> <b>d. AIR TRAFFIC COORDINATION IS NOT REQUIRED.</b>                                                                                                                                                                                                                     |                                                                     |                                                           |
| <input type="checkbox"/> <b>e. DEMONSTRATION SITE FEASIBILITY STUDY IS REQUIRED AND SITE PLAN WAS SUBMITTED BY THE REQUESTER.</b> <i>(Must meet show line, crowd line, airspace parameters and show congested areas, dwellings, thoroughfares, and obstructions within 3 NM of show center.)</i> |                                                                     |                                                           |
| <input type="checkbox"/> <b>f. DEMONSTRATION SITE FEASIBILITY STUDY IS NOT REQUIRED.</b>                                                                                                                                                                                                         |                                                                     |                                                           |
| <input type="checkbox"/> <b>g. NO MAJOR NOISE CONCERNS IN THE REQUESTED AIRSPACE.</b>                                                                                                                                                                                                            |                                                                     |                                                           |
| <b>15. FEASIBILITY DETERMINATION</b> Based upon my review of this site, I find the site to be: <i>(X one)</i>                                                                                                                                                                                    |                                                                     |                                                           |
| <input type="checkbox"/> SATISFACTORY                                                                                                                                                                                                                                                            | <input type="checkbox"/> CONDITIONAL SATISFACTORY <i>(See NOTE)</i> | <input type="checkbox"/> UNSATISFACTORY <i>(See NOTE)</i> |

**NOTE:** If the show site is marked "Conditional Satisfactory," explain the conditions which must be met by the show requester to provide a "Satisfactory" site in the Additional Comments section. If the show site is marked "Unsatisfactory," the request for the applicable activity cannot be accepted by the Department of Defense.

**16. ADDITIONAL COMMENTS** *(Mandatory if FARs are waived) (Explain the desired effects of U.S. military participation in this event and how it will be amplified via social media)*

|                                                     |                                            |                                                    |
|-----------------------------------------------------|--------------------------------------------|----------------------------------------------------|
| <b>17. COORDINATING OFFICIAL</b>                    |                                            |                                                    |
| <b>a. NAME</b> <i>(Last, First, Middle Initial)</i> | <b>b. FLIGHT STANDARDS DISTRICT OFFICE</b> | <b>c. TELEPHONE NO.</b> <i>(Include area code)</i> |
| <b>d. TITLE AND SIGNATURE</b>                       |                                            | <b>e. DATE SIGNED</b> <i>(YYYYMMDD)</i>            |

## SECTION V - PROGRAM

**18. PROGRAM THEME AND OBJECTIVE** *(Please explain how aviation support is an integral part of the event.)*

**19. CHARGES AND FEES** *(Specify the monetary amounts charged below.)*

|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                   |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a. ADMISSION</b>                                                                                                                                             | <b>b. PARKING</b>                                                                                                                                                                                                                                                               | <b>c. SEATING</b> | <b>d. OTHER</b> <i>(Specify)</i>                                                                            |
| <b>e. DOES EVENT RAISE FUNDS?</b> <i>(X one)</i><br><input type="checkbox"/> <b>YES</b> <i>(Complete 20.f. and 20.g.)</i><br><input type="checkbox"/> <b>NO</b> | <b>f. FUNDS WILL BE USED FOR</b> <i>(X as applicable)</i><br><input type="checkbox"/> <b>(1) CHARITIES</b><br><input type="checkbox"/> <b>(2) EXPENSES</b><br><input type="checkbox"/> <b>(3) PRIZES</b><br><input type="checkbox"/> <b>(4) OTHER</b> <i>(Explain in 20.g.)</i> |                   | <b>g. SPECIFIC INSTRUCTIONS FOR USE OF FUNDS</b> <i>(e.g., Company, Charity or Organization to benefit)</i> |

**20. HISTORICAL INFORMATION**

|                                                  |                                                                                                                                                            |                                                                 |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>a. LIST ALL YEARS THE EVENT HAS BEEN HELD</b> | <b>b. MOST RECENT DoD DEMONSTRATION TEAM</b> <i>(If any)</i> <b>AND YEAR OF PERFORMANCE</b> <i>(e.g., Blue Angels, Thunderbirds, Golden Knights; year)</i> | <b>c. LIST CIVILIAN AND MILITARY AIRCRAFT AT THE LAST EVENT</b> |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

## SECTION VI - SUPPORT

*(For all requests other than flyovers, which could include air shows, open houses, some static displays, and non-air show flyovers if the unit is not local.)*

| 21. THE REQUESTER AGREES TO: <i>(Initial each applicable item signifying acceptance. Lack of initials renders the event ineligible for all support other than flyovers.)</i>                                                                                                                                  | APPLICABLE?<br><i>(If yes, enter initials.)</i>          | INITIALS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|
| <b>a. OBTAIN THE AIR SHOW WAIVER FROM THE FAA MONITOR PRIOR TO THE EVENT FOR EACH ACTIVITY REQUIRING A WAIVER</b> <i>(plan a 60-day lead time). FAILURE TO OBTAIN A WAIVER WILL RESULT IN DEMONSTRATION CANCELLATION AT THE EXPENSE OF THE REQUESTER</i> <i>(air shows and open houses only).</i>             | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>b. PAY COSTS AS OUTLINED ON PAGE 5, PARAGRAPHS 7, 8, AND 9 OF INSTRUCTIONS, AS APPLICABLE.</b>                                                                                                                                                                                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>c. PROVIDE OR REIMBURSE TRANSPORTATION, MEALS, AND LODGING COSTS</b> <i>(including pre-event visits) FOR ARMED FORCES PARTICIPANTS, AS REQUIRED.</i> <i>(Reimbursement for demonstration teams covered in paragraphs 7, 8, and 9 of Instructions.)</i>                                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>d. PROVIDE SUITABLE AIRCRAFT FUEL AT MILITARY CONTRACT PRICES</b> <i>(air shows and open houses only).</i> <i>(Requester must pay all costs over military contract prices, including any transportation and handling charges, if fuel is not available at such prices.)</i>                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>e. PROVIDE SECURITY FOR AIRCRAFT AT EVENT SITE DURING ENTIRE STAY.</b> <i>(Certain assets (such as the F-35) will require extensive security.)</i>                                                                                                                                                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>f. PROVIDE MOBILE FIREFIGHTING, CRASH, GROUND-TO-AIR COMMUNICATIONS, MOBILE ARRESTING GEAR, GROUND SUPPORT EQUIPMENT AS APPLICABLE PER SERVICE SPECIFIC SUPPORT MANUALS, AT THE SHOW SITE FOR FLIGHT AND PARACHUTE DEMONSTRATIONS AND STATIC DISPLAY AIRCRAFT</b> <i>(air shows and open houses only).</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>g. PROVIDE AMBULANCE AND MEDICAL PERSONNEL ON SITE DURING FLIGHT AND PARACHUTE DEMONSTRATIONS AND CERTAIN OTHER TYPES OF AERIAL ACTIVITIES AS DETERMINED, IN ADVANCE, BY THE MILITARY SERVICES.</b>                                                                                                        | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>h. PROVIDE TELEPHONE FACILITIES FOR NECESSARY OFFICIAL COMMUNICATIONS AT THE EVENT SITE.</b>                                                                                                                                                                                                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>i. PROVIDE AERIAL PHOTOGRAPH AND AIRFIELD DIAGRAM UPON REQUEST.</b>                                                                                                                                                                                                                                        | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| <b>j. WILL RUN EMERGENCY RESPONSE DRILL ON REHEARSAL DAY</b> <i>(air shows and open houses only).</i>                                                                                                                                                                                                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |

## SECTION VII - CERTIFICATION BY REQUESTER *(Signature will expire the day after the date of event.)*

**22. PRESIDENT/CHAIRMAN OF REQUESTING ORGANIZATION/BASE OR WING COMMANDER** *(If civilian sponsored or military requested, respectively; this will not be a contracted event promoter or others not directly employed by the event sponsoring organization.)*  
 I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact us to discuss arrangements and additional costs involved prior to final commitments. Any changes to the information on this form may invalidate eligibility for military participation.

|                     |                                         |                                |
|---------------------|-----------------------------------------|--------------------------------|
| <b>a. SIGNATURE</b> | <b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i> | <b>c. PRINT NAME AND TITLE</b> |
|---------------------|-----------------------------------------|--------------------------------|

## INSTRUCTIONS

1. The attached form is used to request U.S. Armed Forces aircraft participation at public events in support of community relations programs, flyovers, static displays and requests for an aerial demonstration team (*U.S. Army Golden Knights, U.S. Navy Leap Frogs, U.S. Navy Blue Angels, or U.S. Air Force Thunderbirds*), and *U.S. Marine Corps, Army, Navy and Air Force single-ship demonstration teams*, to perform on or off a military installation worldwide. This form is used by each Military Service to determine eligibility of an event for military aerial support. Once an event has been approved as eligible, it is the event requester's responsibility to contact units and coordinate any possible military unit participation. **The event requester is required to inform all the other requested Military Services once acceptance of any military aviation participation has been confirmed.**

2. Do not use this form to request flyovers for military funeral honors. Information on requesting military funeral honors support may be found at <https://www.militaryonesource.mil/leaders-service-providers/casualty-assistance/military-funeral-honors/>.

3. Uniformed members of the military, DoD civilians or DoD contractor employees must not be the point of contact or event site certifier for non-military hosted events. This form must be completed by the requesting organization who is responsible for conducting the event. The local Flight Standards District Office that has jurisdiction over the event site will complete all appropriate blocks in Section IV. Requests for static displays only do not require FAA coordination. Complete Sections I - III and V - VII, and forward the form to the nearest Flight Standards District Office (FSDO) for completion of Section IV. To locate nearest FSDO, visit FAA's website at [http://www.faa.gov/about/office\\_org/field\\_offices/fdsdo/](http://www.faa.gov/about/office_org/field_offices/fdsdo/).

4. The local requesting organization is responsible for the accurate completion of the form and conducting the event. The organization must consult with the event site authority. At no time should a contractor for an event complete this form. The information on this form must be typed or printed in ink, and is used to evaluate the event for compliance with public law and Department of Defense policies, and to determine its eligibility for Armed Forces participation. In all cases, military participation must not interfere with military operations and training programs, and must be at no additional cost to the U.S. Government. Requesters will consult with local military recruiters and provide, at no cost, prime space for recruiting activities in an area or location close to branch related static displays, branch related performance team and/or that allows for 60-90% of event foot traffic to pass by while traveling from entrance to viewing area. Department of Defense is unable to support events for which the request is intended to make a business profit. Events which have an admission charge, or other associated charges, do not necessarily preclude military participation. Military commands cannot participate in events which charge admission unless the military participation is incidental to the event, and not the primary attraction. Incomplete forms, or forms submitted late, cannot be considered and will be returned to the requester's representative.

5. **Flyover** requests will be considered for aviation-oriented events (*i.e., air shows, airport anniversaries or aviation related dedication events*), or for patriotic observances held in conjunction with Armed Forces Day, Memorial Day, Independence Day, POW/MIA Recognition Day, or Veterans Day (*event must be within seven days of the actual holiday date to be considered*). Flyovers are limited to aircraft formations of the providing Military Service policy. Sports events with a military appreciation theme will be considered on a case-by-case basis by the requested Military Service. **Requesters of events other than air shows and open houses are prohibited from scheduling more than one Service to conduct the flyover. Once a military organization confirms flyover support, requester must not notify any other Military Service requested so they will not participate in the same event.** The Blue Angels and Thunderbirds generally do not perform flyovers. Requests for flyovers must be received for processing at least 60 days prior to the event for full consideration by the Services. Requests received closer than 30 days will not allow adequate planning for some organizations to support. Complete Sections I-III and V-VII, and forward the form to the nearest Flight Standards District Office (FSDO) for completion of Section IV. The Missing Man Formation is generally reserved for select national military observances that are solemn and commemorative in nature, or for military funeral services as determined by the Military Services' individual policies.

6. Requests for aircraft static displays will only be considered for air shows, airport events, expositions and fairs, and public events which contribute to the public knowledge of Armed Forces equipment and capabilities (*including recruiting and ROTC events*). Complete Sections I-III and V-VII (*Section IV is not applicable when requesting static displays only*). Requests must be made from the requesting organization in accordance with each Military Service's policy in paragraph 10 of these instructions. The requester must satisfy all safety and operational requirements for the requested aircraft. Requests received closer than 60 days (*90 days for Marine Corps support*) will not allow adequate planning for some organizations to support.

7. Civilian-sponsored requests for performances by a flight demonstration team (*Blue Angels and Thunderbirds*) will be considered only for events which are: (1) aviation oriented (*e.g., air shows, airport events, historical aviation events*); (2) planning civilian aviation participation; (3) open to all Military Services for participation, and (4) held during the air show season (*mid-March to mid-November*). A partial reimbursement cost (lodging and meals) per official demonstration (including any performance where admission is charged to view a team) is payable by non-military requesters as indicated in the team support manual. Appearances on a military installation or requested by a military organization will only be approved in support of an official installation "open house" program (*no admission charge/entrance fee*). All event requesters are required to comply with all aspects of the team support manual, as applicable. Requests for the U.S. Navy Blue Angels and Thunderbirds must be received by July 1 of the year that is two years preceding the year of the event. Complete Sections I-III and V-VII, and forward the form to the nearest FAA Flight Standards District Office (FSDO) for completion of

7. (*Continued*) Section IV before submitting to each service individually per the instructions listed in number nine of this page. The schedules will be released in December two years prior to the season. Subsequent to public release of the schedules, teams will be rescheduled if a scheduled event is cancelled, the original requesting organization is changed, or the original event site is changed. Previously validated requests will automatically be reconsidered.

NOTE: Several of the aerial demonstrations (*teams and single-ship*) and other aircraft participating in events, have runway length, arresting gear, and other ground support requirements that must be provided by the event organizer. Refer to Military Service-specific support manuals for details before requesting support. Military Services should provide arresting gear, ground support equipment, and security support (as applicable) to civilian air shows supporting approved DoD jet or single-ship demonstration team performances, static display aircraft, etc. This support ensures the safety and security of the performing military teams. Arresting gear support should be requested and coordinated between the air show point of contact and the major commands that provide mobile arresting gear in accordance with the applicable policies of the Military Department being asked to provide the equipment. Funding the transportation of arresting gear, installation, removal, and ground support equipment will be the responsibility of the air show.

8. Requests for single aircraft demonstrations (*e.g., F-22, F-18, Harrier*) will be considered for events as described in paragraph 7 (1) through (4) above. Army single aircraft demonstrations must be received for processing at least 60 days prior to the event. Air Force single aircraft demonstration requests are due July 1 of the year prior to the event with the schedule announced for the following year in December. Navy single aircraft demonstration requests must be received by July 1 of the year preceding the year of the event. USMC Harrier AV-8B, Osprey MV-22, and Lightning II F-35B demonstration or static display requests must be received by August 26 of the year preceding the year of the event. The Harrier demonstration can only be performed over a prepared hard surface or open water. (*Scheduled Harrier events will receive two aircraft, one for demonstration and one for static display. Fifty gallons of distilled water must be provided for each Harrier demonstration.*) Meals, lodging, and transportation for the aircrews must be provided by the requester. Social media coverage, at a minimum, is expected for all flyovers and static displays. Each Service will provide social media hashtags and handles to be used.

9. Civilian-sponsored requests for the U.S. Army parachute team, the "Golden Knights," are considered for events open to the public such as air shows, sporting events, fairs, and other outdoor events that help connect the public with America's Army and enhance the U.S. Army's marketing and engagement efforts. Appearances on military installations are only approved in support of official "open house" programs. All requesters, military and civilian, must provide vehicles, hotel rooms, and a daily show fee. The show fee must be received 60 days before the event or it will be cancelled. Contact the Golden Knights for the current year's support manual which includes the most up-to-date information on support requirements and current show fee. The Golden Knights' show schedule is released in mid-January approximately 30 days after the International Council of Air Shows (ICAS) convention. After the official schedule is released, the Golden Knights consider additional performances if the event is requested at least 60 days prior to the event and there is a team available. In the event of a cancellation, previously submitted requests are automatically considered. The show requester completes Section I, II, III, V, and VII of this form and forwards the form to the nearest FAA Flight Standards District Office (FSDO) for completion of Section IV. Please send the completed form to the contact listed below.

10. All Air Force requests must be made via the Air Force Aerial Events Website, <https://www.airshows.pa.hq.af.mil>. For Army, Navy or Marine Corps support, requester must complete the DD Form 2535 and follow the submission instructions as noted below. Additional DD Forms 2535 may be obtained through the office(s) listed below, through the nearest military installation public affairs office, or on the Internet at [https://www.esd.whs.mil/Directives/forms/dd2500\\_2999/](https://www.esd.whs.mil/Directives/forms/dd2500_2999/). **For legibility reasons, event requesters are highly encouraged to fill out applicable information on-line prior to printing form out.**

### ARMY:

Community Relations Division  
HQDA, Office of the Chief, Public Affairs  
1500 Army Pentagon, Room 1D470  
Washington, DC 20310-1500  
[usarmyoutreach@army.mil](mailto:usarmyoutreach@army.mil)  
[www.army.mil/comrel](http://www.army.mil/comrel)

U.S. Army Parachute Team  
Attn: Show Scheduler  
P.O. Box 73712  
Fort Bragg, NC 28307-0126  
(910) 907-3025 (fax)  
[usarmy.knox.hqda.list.apt.show@mail.mil](mailto:usarmy.knox.hqda.list.apt.show@mail.mil)

For instructions on how to request Army assets, please visit:  
[www.army.mil/comrel/assetrequests](http://www.army.mil/comrel/assetrequests)

### MARINE CORPS:

For instructions on how to request Marine Corps assets, please visit  
[www.marines.mil/community](http://www.marines.mil/community)  
(703) 614-1034 (voice)  
Submit completed forms via email to  
[hqmc.comrel@usmc.mil](mailto:hqmc.comrel@usmc.mil)

### NAVY:

Navy Office of Community Outreach  
Attn: Aviation Support  
5722 Integrity Drive, Bldg 456-3  
Millington, TN 38054  
(901) 874-5803 (voice)  
Submit completed forms via email at  
[aviationsupport@navy.mil](mailto:aviationsupport@navy.mil)  
[www.outreach.navy.mil](http://www.outreach.navy.mil)

### AIR FORCE:

Office of the Secretary of the Air Force  
Office of Public Affairs (SAF/PA)  
1690 Air Force Pentagon  
Washington, DC 20330  
(703) 695-9664 (voice)  
[airalevents@us.af.mil](mailto:airalevents@us.af.mil)  
Submit request online at  
[www.airshows.pa.hq.af.mil](http://www.airshows.pa.hq.af.mil)

**REQUESTER: PLEASE RETAIN A COPY OF THIS FORM FOR FUTURE REFERENCE.**