NWCG Aircraft Dispatch Form

Incident Name/Number:		
Date:	**Time:**	**Sunset +30:**
Order #:	Charge Code:	
Descriptive Location:		
Latitude: ° '	**Longitude:** - ° '	Elevation:
Distance: nautical miles	Bearing: degrees	From:
Initial Point (IP) Descriptive:	(IP) Latitude:	(IP) Longitude:

Frequencies:

Air to Air Primary: RX: TX:	Air to Air Secondary: RX: TX:
Air to Ground (Primary): RX: TX:	Ground Tactical: RX: TX:
Command: RX: TX:	Flight Following: RX: TX:
Air Contact:	**Ground Contact**:
Incident Aircraft:	
Other Aircraft:	Aircraft Hazards:
MTR/SUA:	TFR:

LAT Reload:	SEAT Reload	Helibase:

Ordering Agency Info (Requester w/phone):

Requested Resource(s):

Values at Risk or Additional Information:

Minnesota Interagency Coordination Center
Aviation Desk: (218) 327-4582
mnmncc_aviation@firenet.gov

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