

INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION

RESOURCE ORDER NUMBER:	DATE:
Request #: A -	TIME:
TO: FAA ARTCC _____	FROM: DISPATCH OFFICE _____
FAA PERSON CONTACTED: _____	PERSON REQUESTING TFR: _____
FAA PHONE: _____ FAX: _____	24 HR. PHONE _____

Check if this TFR is a replacement. If so, NOTAM # of TFR being replaced. _____

Geographic Location of Incident _____

Location (Circular TFR)				
VOR	RADIAL	DISTANCE	LAT/LONG of Center Point	RADIUS
N/			W	

OR (Polygon TFRs should be rare and only used if circular shape is not adequate.)

Location (Polygon TFR)											
Point	VOR ID	Radial	Distance	Lat/Long		Point	VOR ID	Radial	Distance	Lat/Long	
1				N/	W	5				N/	W
2				N/	W	6				N/	W
3				N/	W	7				N/	W
4				N/	W	8				N/	W

Altitude restrictions: _____ FEET MSL

The _____ / _____ at _____, _____
AGENCY NAME **INCIDENT NAME** **PHONE NUMBER** **FREQUENCY**

is in charge of on scene emergency response activities. TFR to provide a safe environment for fire fighting aircraft operations; effective immediately, until further notice, 24 hrs/day.

The requested TFR affects the following Special-Use Airspace:

The requested TFR affects the Military Training Routes listed below:

Route	SCHEDULING ACTIVITY	SEGMENT(S)	Route	SCHEDULING ACTIVITY	SEGMENT(S)

IMPORTANT NOTE TO FAA: If the TFR affects SUA and/or MTR(s), we request NOTAM distribution to all military bases involved, to the Coordinating Flight Service Station, and, for MTRs, to the Flight Service Station and Air Route Traffic Control Center with responsibility for the airspace at the route entry point(s).

NOTAM # _____ ISSUED AT _____ (Time) On _____ / _____ (Date)

Date/Time TFR Cancelled: _____ By: _____