REQUEST FOR JA/ATT AIRLIFT
(FORSCOM Reg 350-3)

OPERATING MONTH _____ YEAR _____

DATE

TO Headquarters
Air Mobility Command TACC
ATTN: DOOMJ
Scott Air Force Base, IL 62225-5001

THRU Commander
Forces Command
ATTN: FCJ3-TAU
Fort McPherson, GA 30330-6000

FROM

Board/ Line No	IPT Date/Time *(ZULU)*/ Completion Date A	Seq No *(AMC Use)* B	No/Type Acft C	No/Type Sorties D	MPA/RPA *(AFRES/ ANG Use)* E	Fly Hrs F	Using Unit G	ID H	Itinerary Onload/ DZ/LZ Offload I	TOT/TOA Date/Time *(ZULU)*	CCT *(AMC Use)* J	ALCE *(AMC Use)* K	CCT/ALCE FREQ *(AMC Use)* L

M REMARKS

O SPECIAL REQUIREMENTS

	YES	NO	
CCT Requested			
ALCE Requested			
CFR Requested			
MHE Requested			
Hazardous Cargo			

N AIR FRAME REQUESTED BY DAY OF MONTH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

P MISSION CONTACTS

	Name and Grade	Telephone No
Onload		
Offload		
Overall		

Q VALIDATION

Off-Post Training	Installation	Name
Rigger/Air Item Support	Unit	Name
Combat Control Team	Name	
Airlift Control Element	Name	
Aerial Refueling	Unit	Name
Wing/Group/Squadron	Unit	Name
	Unit	Name