

# REQUEST FOR AIR TRANSPORTATION

North Dakota Department of Transportation, State Fleet Services

SFN 9705 (6-2018)

Requesting Agency	Date	Destination(Explain if en route stops or deviations from direct course are intended.)
Date of Departure	Time of Departure	

**Person to be contacted if delay or cancellation of this trip should become necessary.**

Name of Contact Person	Office Telephone Number	Cellphone Number
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## Passenger and Emergency Contact Information

Name of Passenger	Agency	Cell Number	Emergency Contact Name	Cell Number	Address Work/Home
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Date of Intended Return	Intended Departure Time from Destination
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Business Purpose of Trip
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Agency/Agencies to be Billed
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### Authorization:

State Agency/Division Requesting Aircraft

### Approved:

Signature of Agency/Division Director	State Fleet Services Director
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