

REQUEST FOR AIR TRANSPORTATION

North Dakota Department of Transportation, Executive Office

SFN 9705 (6-2016)

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	Phone Number Work/Home	Emergency Contact Name	Relationship to Passenger	Address Work/Home
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Date of Intended Return	Intended Departure Time from Destination
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Purpose of Trip

Agency/Agencies to be Billed

Authorization:

State Agency/Division Requesting Aircraft

Approved:

Signature of Agency/Division Director	NDDOT Director
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