

Air Travel Request | State Plane or In-State Commercial Flight | Instructions:

1. Call Air Transportation Services to reserve a plane.
Send signed form to MN_DOT_AircraftSchedule, or Inter-Office mail to Air Transportation Services, Mail Stop 410 prior to trip date.
2. The flight could possibly be delayed or cancelled due to weather conditions, please indicate the name of a
Lead Passenger _____ **Cell phone:** _____ .
3. The scheduled departure time is the **"wheels up"** time.
 Passengers are expected to arrive at the airport 15 minutes prior to the departure time.

Requested by (Trip Organizer):	Title:	Office Phone:	Cell Phone:
Department/Agency:	Division:	Section:	Bldg/Room #:
Purpose of Trip:			
Expected Cargo/Baggage:			

TRAVEL DATE	FROM City, State	TO City, State	DEPARTURE TIME	ARRIVAL TIME	Office Use Only

PASSENGER INFORMATION

Passenger Name	Departing From	Responsible Agency & Billing Percentage	Office Use Only
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please check one:

- Ground transportation is already set up at destination.
 I would like additional information on setting up ground transportation at the following destination(s):

I certify that the above requested trip is for official business only and is in the best interests of the State of Minnesota.

Authorized Signature: _____

Printed Name: _____

No need to print name if form is electronically signed.

Air Travel Request Form Instructions

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2. The flight could possibly be delayed or cancelled due to weather conditions, please indicate the name of a **Lead Passenger** **Cell phone:**
3. The scheduled departure time is the "wheels up" time.
Passengers are expected to arrive at the airport 15 minutes prior to the departure time.

Lead Passenger is someone who will be a passenger or the passenger contact. A cell number is requested by the pilots so they can communicate any information affecting the flight. The person in this role should have contact numbers for all passengers on the plane in the event of a cancellation.

Requested by (Trip Organizer):	<input type="text" value="Amanda Jones"/>	Title:	<input type="text" value="Admin Assist"/>	Office Phone:	<input type="text" value="651-234-0000"/>	Cell Phone:	<input type="text" value="651-555-0000"/>
Department/Agency:	<input type="text" value="MnDOT"/>	Division:	<input type="text" value="Engineering Serv"/>	Section:	<input type="text" value="Land Managements"/>	Bldg/Room #:	<input type="text" value="395 John Ireland"/>
Purpose of Trip:	<input type="text" value="Inspection of road construction landscaping"/>						
Expected Cargo/Baggage:	<input type="text" value="Drone in case 26x22x22 30lb and brief case size battery case 10lb"/>						

Requested by: In the appropriate field provide the name, title, and office phone number of the person organizing the trip.

Department/Agency: Usually MnDOT but can be any state agency.

Division: If this is a flight request for MnDOT, divisions would be Commissioner's office, State Aid, Engineering Services, Operations, MPPM, Corporate Services, Chief Financial Officer, Chief Counsel, Chief of Staff, or Policy and Government Affairs.

Section: The specific office within the division identified. Examples would be Bridge, District 1, Transportation System Management, etc.

Purpose of the trip: All use of the state plane must be for official business and in the best interests of the State of Minnesota. A brief description of the purpose of the trip is required.

Expected cargo/baggage: Dimension and weight of any items you are bringing with you needs to be identified. Please identify size and weight so we can determine if the item(s) will fit through the aircraft door and take the weight of the items into consideration when calculating fuel load.

TRAVEL DATE	FROM City, State	TO City, State	DEPARTURE TIME	ARRIVAL TIME	Office Use Only
12-10-18	St. Paul, MN	Crookston, MN	10 am		
12-10-18	Crookston, MN	Thief River Falls, MN	1 pm		
12-10-18	Thief River Falls, MN	St. Paul, MN	3 pm		

Each leg of the trip should be on a separate line. The trip should be round trip to and from St. Paul where the aircraft is based. .

Travel Date: The month, date, and year you are flying. If this is a multiple date itinerary, use a separate line for each date of the trip. A separate Air Travel Request form for each round trip is required.

From: All round trip flights begin and end in St. Paul, MN. If you are requesting the state plane to pick passengers up outside the metro area, it is okay to begin your itinerary with the city and state passenger travel begins. Please note that MnDOT Business Manual Policy requires travel to begin from the airport closest to the passengers' office, not the passengers' home.

To: Each city and state on your itinerary should be listed on a separate line.

Departure time: The time you want the plane to be "wheels up." When you put a hold on the plane we will tell you the flight time so you can plan your departure time.

Arrival Time: Optional. If you do not know how long the flight is, you can provide the time you need to be at the destination city and we will calculate the departure time for you.

Office Use Only: for Air Transportation Services use only.

	Passenger Name	Departing From	Responsible Agency & Billing Percentage	Office Use Only
1.	Amanda Jones	St. Paul, MN	MnDOT 100%	
2.	John Smith	"	"	
3.	Alan Xiong	"	"	
4.				
5.				
6.				
7.				
8.				

MnDOT has a 5 passenger and an 8 passenger King Air. The maximum number of passengers is 8.

Passenger Name: One first and last name per line. MnDOT requires all passengers to have a passenger information form on file in the Air Transportation Services office. If you are unsure if the form is on file, contact a dispatcher at 651-234-7222 to check.

Departing From: If there are multiple stops to pick up passengers, please indicate which city the passenger is departing from in the designated field.

Responsible Agency & Billing Percentage: The cost of flights usually come from the Trunk Highway Fund. If the flight cost is to be billed to any other specific fund, please provide the funding string in the "Responsible Agency & Billing Percentage" section.

Office Use Only: For Air Transportation Services only.

Please check one:

Ground transportation is already set up at destination.

I would like additional information on setting up ground transportation at the following destination(s):

Airports normally are a few miles outside city limits. If you are not meeting at the airport, you will need ground transportation. Check the "Ground transportation is already set up at destination" box if you have made arrangements. Check the "I would like additional information" box if you would like the Aircraft Dispatchers to provide information or assist in making arrangements.

I certify that the above requested trip is for official business only and is in the best interests of the State of Minnesota.

Authorized Signature:

Printed Name:

No need to print name if form is electronically signed.

Revised 12/08/2016

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Authorized Signature: Because Trunk Highway funds are encumbered, only certain individuals in each MnDOT office are authorized to sign the Air Travel Request. Contact an Aircraft Dispatcher at 651-234-7222 to find out who those individuals are in your office.

Printed Name: If the form is hand signed, please print your name so we can identify who the signer is. If the form is electronically signed, there is no need to print your name.