

USACE Pittsburgh District

UAS Aviation Mission Plan Proposal SUPPLEMENT

Additional Crew:

(Last Name, First Name, MI)

(Role in Operation)

(Phone Number)

(Email Address)

(Most Recent Flight – Date and Brief Summary)

(Noteworthy Physical/Medical Conditions)

(Last Name, First Name, MI)

(Role in Operation)

(Phone Number)

(Email Address)

(Most Recent Flight – Date and Brief Summary)

(Noteworthy Physical/Medical Conditions)

(Last Name, First Name, MI)

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(Noteworthy Physical/Medical Conditions)

If you have any questions or concerns regarding UAS requests on USACE property within the Pittsburgh District, please contact Kristen Scott at Kristen.L.Scott@usace.army.mil or 412-395-7553.

USACE Pittsburgh District

UAS Aviation Mission Plan Proposal SUPPLEMENT

_____	_____
(Last Name, First Name, MI)	(Role in Operation)
_____	_____
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(Most Recent Flight – Date and Brief Summary)	

(Noteworthy Physical/Medical Conditions)	
_____	_____
(Last Name, First Name, MI)	(Role in Operation)
_____	_____
(Phone Number)	(Email Address)

(Most Recent Flight – Date and Brief Summary)	

(Noteworthy Physical/Medical Conditions)	
Additional UAVs:	
_____	_____
(Make)	(Model)

(Serial/Tail Number)	
_____	_____
(Make)	(Model)

(Serial/Tail Number)	
_____	_____
(Make)	(Model)

(Serial/Tail Number)	
_____	_____
(Make)	(Model)

(Serial/Tail Number)	

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