

# Air Station Kodiak Space A Request

**ATTENTION: ALL ACTIVE DUTY MEMBERS FLYING MUST HAVE A VALID LEAVE CHIT.**

Please direct all questions to 487-5149.

## Sponsor Data

Please enter sponsor information.

First Name	<input type="text"/>	Last Name	<input type="text"/>	Sponsor's Status	<input type="text" value="Select..."/>
Duty Station	<input type="text"/>	Rank	<input type="text" value="Select..."/>	Will the Sponsor be traveling?	<input type="radio"/> Yes <input type="radio"/> No

## Dependent Data

	First Name	Last Name	Relationship
1.	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One..."/>
2.	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One..."/>
3.	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One..."/>
4.	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One..."/>
5.	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One..."/>
6.	<input type="text"/>	<input type="text"/>	<input type="text" value="Select One..."/>

## Priority

[Priority explanations](#)

- Official Orders (Non Med)
- Emergency Leave
- EML with Sponsor
- Leave with Sponsor
- EML without Sponsor
- Permissive Orders
- Space Available (w/o Sponsor)
- Retired/Reserve

## Flight Details

Enter each leg individually. Flights open for sign up at 0600 **7 Days** prior. Requests for flights farther than 7 days away, will be rejected.

Origin	<input type="text"/>	Destination	<input type="text"/>	Flight Type	<input type="text" value="Select One..."/>	Date	<input type="text"/>	
Origin	<input type="text"/>	Destination	<input type="text"/>	Flight Type	<input type="text" value="Select One..."/>	Date	<input type="text"/>	
Origin	<input type="text"/>	Destination	<input type="text"/>	Flight Type	<input type="text" value="Select One..."/>	Date	<input type="text"/>	
Origin	<input type="text"/>	Destination	<input type="text"/>	Flight Type	<input type="text" value="Select One..."/>	Date	<input type="text"/>	

## Contact Info

This information is required and may be used to contact you regarding changes to your request.

Contact Phone

Email

Submit form to: [D17-SMB-AirStaKodiak-SpaceA-HelpDesk@uscg.mil](mailto:D17-SMB-AirStaKodiak-SpaceA-HelpDesk@uscg.mil)

Please allow up to two business days for processing and confirmation.

The time e-mail is received shall be the sign up time for the request.