AIRCRAFT MONTHLY UTILIZATION REPORT

Completed By: _____

Phone No. _____

Date Completed: _____

Email address: _____

_____ Squadron Name

_____ Month Year

AIRCRAFT	Cap A/C	Mem A/C	TACH READING	HOBBS READING	MISSION SYMBOLS A1	A2	A3	A4	A5	A6	A7	A18	A99	A911	B9	B10	B11	B12	B13	B14	B17	B18	B99			L1		TOTAL
N																												
N																												
N																												
N																												
N																												
N																												
N																												
TOTAL AIRCRAFT HOURS IN THIS SYMBOL																												
AIRCRAFT	C A/C	M A/C	TACH	HOBBS	C8	C9	C14	C15	C16	C17	C18	C19	C20	C99	C911													
N																												
N																												
N																												
N																												
N																												
TOTAL AIRCRAFT HOURS IN THIS SYMBOL																												
TOTAL CORP AIRCRAFT HOURS																												
MEMBER OWNED AIRCRAFT HOURS																												

Action Summary

Action	Form 18	Form 99
Fax to Ops	248-6512	248-6512
Fax to HQ	753-4560	753-4560

(I will get 99 to LO)

Mail Original to Wing

* INDICATES CHANGE

INSTRUCTIONS

1. Report the flight time for each individual Corporate Aircraft for the calendar month (1 Jan to 31 Jan).
2. Use your Squadron form 99 as a source document for completing the form 18
3. Record the aircraft tachometer reading and the hobbs reading after the last flight of the month in the columns following the N number.
4. Record the hobbs hours or, if no hobbs is installed, the tach hours x 1.2 in the mission symbol column.
5. Member Owned Aircraft: Combine all member aircraft hours by mission symbol and record on one line. Tach & Hobbs are not required.
6. FAX the form 18 along with the form 99s to Wing Operations (907) 248-6512. (Maintenance Hangar Ofc)

* 7. FAX the form 18s along with the form 99s to Wing Head quarters. FAX number (907) 753-4560 (I will get a copy of the 99 to the Lo)

* 8. Keep COPIES of the form 18 and form 99s at the Squadron for your records.

* 9. MAIL The ORIGINAL form 99 and form 18 to: Alaska Wing Civil Air Patrol P.O. Box 6014 Elmendorf Air Force Base, AK 99506-6014

10. REPORTS ARE DUE ON THE 5th DAY OF THE MONTH
11. If your Squadron had no flight hours for the month A NEGATIVE REPORT IS REQUIRED.

AKW FORM 18
2 February, 2005
Destroy all previously dated forms

FAX to 248-6512
FAX to 753-4560

MAIL ORIGINAL FORM 18 AND 99 TO WING H.Q.