



United States Department of the Interior
National Business Center
Alaska Region/Aviation Management
4405 Lear Court
Anchorage, Alaska 99502-1032



AM OPERATIONAL PROCEDURES MEMORANDUM (OPM) NO. 04-AR-09

Subject: AM Designated Night Routes in Alaska

Effective Date: January 5, 2004

Supersedes: February 1, 2003

Distribution: A and B

Expiration Date: January 31, 2005.

.1 Purpose. This memorandum establishes policy and procedures for night routes for Department of the Interior (DOI) bureaus and offices within the State of Alaska.

.2 Policy. Restrictions have been placed on airplane flight operations in designated mountainous areas at night with certain exceptions as stipulated in 351 DM 1.

.3 Procedure.

A. **Request for Approval.** Bureaus requesting approval for a specific night route to be flown by their pilots shall complete Form OAS-AR-76, Request for Authorization of Approved Flight Routes, and submit the form to the AM Regional Director.

B. **Approval of Designated Routes.**

(1) **Initial Route Approval.** If a requested route has not been previously designated, an AM pilot inspector will fly the route with each bureau pilot requiring route approval. The route will be flown in the type aircraft equipped for that route.

(2) **Initial Pilot Approval.** AM will review the pilot's experience and past performance. Pilots shall meet DOI flight time requirements without waiver. A request (Form OAS-AR-76) shall be submitted for each pilot to be evaluated for a night route. Should AM approve the route, each pilot will be individually evaluated based on familiarity and experience in the area.

A file shall be maintained at the AM Regional Office of all pilot and route approvals and limitations if any. These will be maintained on a Form OAS-AR-77, AM Approved Routes.

Attachment OAS-AR-76



Request for Authorization of Approved Flight Routes

**To: Regional Director
 AM-Alaska**

From:

I hereby request authorization for

to conduct flight operations on the following route(s)_____.

These flights are necessary for the purpose of

in _____type aircraft.

These pilots will comply with all requirements and restrictions of DM 351, Chapter 1 and AM OPM 04-AR-10.

Signature

Date

_____is authorized to conduct flight operations for the purpose noted above while on official business for the Department of the Interior. This authorization will remain in effect as long as the conditions imposed on OAS Form #___are complied with or until rescinded by AM.

Regional Director

Date