

Tracking # _____

Date Submitted: _____

**STATE OF NEW MEXICO
GENERAL SERVICES DEPARTMENT
STATE AIRCRAFT USE FORM**

Please complete the Form by checking the appropriate guideline(s) and providing the appropriate justification. Please reference any attached supporting documentation.

Agency Name:

Agency Code:

Person Completing the Form:

Telephone Number:

E-mail Address:

Criteria (please refer to instructions for explanations)

- | | |
|--|---|
| <input type="checkbox"/> Essential Service | <input type="checkbox"/> Emergency Response |
| <input type="checkbox"/> Surveillance Activities | <input type="checkbox"/> Health and Safety Considerations |
| <input type="checkbox"/> Cost-Effective Multi-Passenger Transportation | |

Justification (use space provided below, you may use additional pages as needed)

Approvals

Requestor: **Date:**

Agency Cabinet Secretary: **Date:**

GSD Cabinet Secretary: **Date:**

Governor's Office: **Date:**

Approved: **Disapproved:** **Date:**