

AIR TRAFFIC CONTROL HAZARD VIOLATION REPORT

Date: _____	Time: _____
<u>Reporting Official</u>	
Name: _____	Rate/Grade: _____
Command: _____	Phone #: _____
Division: _____	E-mail: _____

<u>Offender Information</u>		
Name: _____	Rate/Grade: _____	
Command: _____	Phone #: _____	
Division: _____	E-mail: _____	
AVOC License#: _____	Issue Date: _____	Exp. Date: _____

<u>Area of Airfield Violation Occurred</u>	
Ramp Area/Spot Number: _____	Hangar Number _____
Location: _____	
<u>What was your mission/intent when violation occurred?</u>	

<u>TYPE OF VIOLATION:</u>
<input type="checkbox"/> Crossing a controlled area (Runway/Taxiway) without clearance
<input type="checkbox"/> No Radio Communications with control tower.
<input type="checkbox"/> Operating on the Airfield with an expired license
<input type="checkbox"/> Speeding
<input type="checkbox"/> Unsafe Operation (Explain): _____
<input type="checkbox"/> Other (Explain) _____

Reporting Official Signature and Date: _____

Note: Original document maintained in Standard Subject Identification Codes (SSIC) files by the Air Traffic Control Facility Officer. A copy must be sent to the Operations Officer and to the offender's command for review and correction to prevent any future aircraft/vehicle mishap and injuries.