

**APPENDIX 3D –TEMPLATE**  
**REVENUE ROUTE SUPPORT REQUEST AND AUTHORIZATION FORMAT**

Date: \_\_\_\_\_

SUBJECT: Revenue Route Support Request and Authorization

TO: CO or delegated representative  
of \_\_\_\_\_ Air Base

1. Revenue route support is requested for the below listed passengers and/or cargo to be moved from \_\_\_\_\_ to \_\_\_\_\_ on or about \_\_\_\_\_ (Authority: Contract HTC711-\_\_-D-\_\_\_\_).

2. The requested passenger/cargo space can be justified as follows:

3. Billing for transportation furnished will be made to the contractor at the address listed below on a special account-handling basis:

(Billing Address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Contractor Representative

Approved:

\_\_\_\_\_  
CO or delegated representative

Copies to:  
Requiring Contractor  
\*HQ AMC/FMF  
\*USTRANSCOM/TCAQ-C  
\*\* Contract Administrator

\* When delegation of authority is to CA.  
\*\* When delegation of authority is to .