

**STATE OF OREGON – DEPARTMENT OF FORESTRY  
Airplane Rental Rates**

<b>Operator</b>	<b>Taxpayer Identification No.:</b>
	<b>Phones:</b>
	<b>Day:</b>
	<b>Night:</b>
	<b>Email Address:</b>
	<b>Cell:</b>
	<b>Other:</b>
	<b>Fax:</b>

<b>AIRCRAFT INFORMATION:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Airplane Make and Model					
FAA "N" Number					
Aircraft Color					
Gross Weight/ Empty Weight					
Fuel Total Gallons/Hours					
Number of Passengers (Excluding Pilot)					
Completed Annual Inspection Date					
Engine Horsepower					
GPS?					
720 or 320 VHF Radio?					
VHF FM Radio? (# of channels selectable)					
Narrow-band (NB) Compatible Radio (Yes/No)					
USFS/OAS Carding (Yes/No) If yes date:					
Hazardous Material Authorization (Yes/No)					
Size of water/retardant tank (gallons - if applicable)					
Foam or retardant capabilities - list type or input "Both"					
<b>RATES * Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and Federal Excise Tax if applicable:</b>					
Daily Availability (per day):					
Flight Rate – specify wet or dry (per hour):					
Remain Over Night (per person/per night):					
Number of Service Crew dispatched with Aircraft:					
Service Truck Mileage Rate (per mile):					
<b>SPECIAL EQUIPMENT RATES (IR/mapping, data downlink, etc.)</b>					

\* By signing I confirm I have read and agree with the terms of the State of Oregon, Department of Forestry Form #04-05-003, Terms of Agreement for Hiring Aircraft

Air Taxi Certificate Number/Date:	Applicators Certificate Number/Date:
Printed Name and Title:	Signature:
	Date:

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	<b>Night:</b>
	<b>Email Address:</b>
	<b>Cell:</b>
	<b>Other:</b>
	<b>Fax:</b>

<b>AIRCRAFT INFORMATION:</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Airplane Make and Model					
FAA "N" Number					
Aircraft Color					
Gross Weight/ Empty Weight					
Fuel Total Gallons/Hours					
Number of Passengers (Excluding Pilot)					
Completed Annual Inspection Date					
Engine Horsepower					
GPS?					
720 or 320 VHF Radio?					
VHF FM Radio? (# of channels selectable)					
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Initials

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	<b>Phones:</b>	<b>Email Address:</b>	
	<b>Day:</b>	<b>Cell:</b>	<b>Other:</b>
	<b>Night:</b>	<b>Fax:</b>	

<b>AIRCRAFT INFORMATION:</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
Airplane Make and Model					
FAA "N" Number					
Aircraft Color					
Gross Weight/ Empty Weight					
Fuel Total Gallons/Hours					
Number of Passengers (Excluding Pilot)					
Completed Annual Inspection Date					
Engine Horsepower					
GPS?					
720 or 320 VHF Radio?					
VHF FM Radio? (# of channels selectable)					
Narrow-band (NB) Compatible Radio (Yes/No)					
USFS/OAS Carding (Yes/No) If yes date:					
Hazardous Material Authorization (Yes/No)					
Size of water/retardant tank (gallons - if applicable)					
Foam or retardant capabilities - list type or input "Both"					
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Flight Rate – specify wet or dry (per hour):					
Remain Over Night (per person/per night):					
Number of Service Crew dispatched with Aircraft:					
Service Truck Mileage Rate (per mile):					
<b>SPECIAL EQUIPMENT RATES (IR/mapping, data downlink, etc.)</b>					

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Initials
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**STATE OF OREGON – DEPARTMENT OF FORESTRY**  
**Aircraft Pilot Summary**

**Company Name:**

	Pilot 1	Pilot 2	Pilot 3	Pilot 4	Pilot 6	Pilot 6	Pilot 7
<b>General</b>							
Last Name							
First Name							
FAA Pilot Certificate (Commercial, ATP)							
FAA Pilot Certificate Number							
FAA Pilot Certificate Ratings							
FAA Pilot Certificate Type Ratings							
FAA Medical Certificate Class							
FAA Medical Certificate (MM/DD/YY)							
14 CFR 133 Check (MM/DD/YY, or blank)							
14 CFR 135 Check (MM/DD/YY, or blank)							
14 CFR 137 Check (MM/DD/YY, or blank)							
USFS/OAS Approval (MM/DD/YY)							
Total PIC All Aircraft (hrs)							
<b>Airplane Experience (PIC Only)</b>							
Airplane Single-Engine (hrs)							
Airplane Multi-Engine (hrs)							
Mountainous Terrain (hrs)							
PIC Last 12 Months (hrs)							
Fire Reconnaissance (hrs)							
Air Tactical Group Supervisor (hrs)							
Level 1,2 IA Approval							
<b>Helicopter Experience (PIC Only)</b>							
Total PIC Helicopter (hrs)							
Type 1 Helicopter (hrs)							
Type 2 Helicopter (hrs)							
Type 3 Helicopter (hrs)							
Type 4 Helicopter (hrs)							
Last 12 Months (hrs)							
Longline Bucket (hrs)							
Longline Cargo (hrs)							
Total Fire Experience (hrs)							
Last Fire Flown (MM/DD/YY)							
Delivery of Aerial fire fighters? Y/N							

**STATE OF OREGON – DEPARTMENT OF FORESTRY**  
**Aircraft Pilot Summary**

**Company Name:**

	Pilot 8	Pilot 9	Pilot 10	Pilot 11	Pilot 12	Pilot 13	Pilot 14
<b>General</b>							
Last Name							
First Name							
FAA Pilot Certificate (Commercial, ATP)							
FAA Pilot Certificate Number							
FAA Pilot Certificate Ratings							
FAA Pilot Certificate Type Ratings							
FAA Medical Certificate Class							
FAA Medical Certificate (MM/DD/YY)							
14 CFR 133 Check (MM/DD/YY, or blank)							
14 CFR 135 Check (MM/DD/YY, or blank)							
14 CFR 137 Check (MM/DD/YY, or blank)							
USFS/OAS Approval (MM/DD/YY)							
Total PIC All Aircraft (hrs)							
<b>Airplane Experience (PIC Only)</b>							
Airplane Single-Engine (hrs)							
Airplane Multi-Engine (hrs)							
Mountainous Terrain (hrs)							
PIC Last 12 Months (hrs)							
Fire Reconnaissance (hrs)							
Air Tactical Group Supervisor (hrs)							
Level 1,2 IA Approval							
<b>Helicopter Experience (PIC Only)</b>							
Total PIC Helicopter (hrs)							
Type 1 Helicopter (hrs)							
Type 2 Helicopter (hrs)							
Type 3 Helicopter (hrs)							
Type 4 Helicopter (hrs)							
Last 12 Months (hrs)							
Longline Bucket (hrs)							
Longline Cargo (hrs)							
Total Fire Experience (hrs)							
Last Fire Flown (MM/DD/YY)							
Delivery of Aerial fire fighters? Y/N							

**STATE OF OREGON – DEPARTMENT OF FORESTRY**  
**Aircraft Pilot Summary**

**Company Name:**

	Pilot 15	Pilot 16	Pilot 17	Pilot 18	Pilot 19	Pilot 20	Pilot 21
<b>General</b>							
Last Name							
First Name							
FAA Pilot Certificate (Commercial, ATP)							
FAA Pilot Certificate Number							
FAA Pilot Certificate Ratings							
FAA Pilot Certificate Type Ratings							
FAA Medical Certificate Class							
FAA Medical Certificate (MM/DD/YY)							
14 CFR 133 Check (MM/DD/YY, or blank)							
14 CFR 135 Check (MM/DD/YY, or blank)							
14 CFR 137 Check (MM/DD/YY, or blank)							
USFS/OAS Approval (MM/DD/YY)							
Total PIC All Aircraft (hrs)							
<b>Airplane Experience (PIC Only)</b>							
Airplane Single-Engine (hrs)							
Airplane Multi-Engine (hrs)							
Mountainous Terrain (hrs)							
PIC Last 12 Months (hrs)							
Fire Reconnaissance (hrs)							
Air Tactical Group Supervisor (hrs)							
Level 1,2 IA Approval							
<b>Helicopter Experience (PIC Only)</b>							
Total PIC Helicopter (hrs)							
Type 1 Helicopter (hrs)							
Type 2 Helicopter (hrs)							
Type 3 Helicopter (hrs)							
Type 4 Helicopter (hrs)							
Last 12 Months (hrs)							
Longline Bucket (hrs)							
Longline Cargo (hrs)							
Total Fire Experience (hrs)							
Last Fire Flown (MM/DD/YY)							
Delivery of Aerial fire fighters? Y/N							