

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

Operator Information

Company Name:	Day Phone #:	Taxpayer Identification #:
Address:	Night Phone #:	Air Taxi Cert #:
	Other Phone #:	External Load Cert #:
Email Address:	HAZMAT Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicators Cert #:

Aircraft information	1	2	3	4	5
1. FAA "N" Number/Tail Number					
2. Make/Model					
3. Size/Type (Type 1, 2 or 3)					
4. Category (Standard or Restricted)					
5. Aircraft carded by USFS/OAS? (Y/N – if "Y" add expiration date on card)					
6. Application of gel, foam or retardant? (Y/N)					
7. Number of personnel dispatched with aircraft?					

Aircraft Rates - rates listed understood to include approved aircraft, pilot(s), fuel, oil, maintenance services and service crew.

8. Flight rate per hour					
9. Flight rate per hour for ferry (non-suppression point to point)					
10. Daily availability rate expressed as a flight hour minimum (offset by actual flight hours / RON applies)					
11. **Oregon operators** Daily availability rate expressed as a flight hour minimum when at home base (offset by actual flight hours / RON does not apply)					

Personnel and Equipment Rates	Rate	Authorized Signature
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12. Remain Over Night (RON) per person per night		Name Printed:
13. Fuel truck rate per mile Fuel tank capacity (gal):		Title:
14. Service truck rate per mile		Signature:
15.		
16.		
17.		
18.		
19.		*By signing I acknowledge 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
20.		

Note: Extended personnel standby is not authorized under this agreement.

Date Signed:

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

Company Name:

Aircraft information	6	7	8	9	10
1. FAA "N" Number/Tail Number					
2. Make/Model					
3. Size/Type (Type 1, 2 or 3)					
4. Category (Standard or Restricted)					
5. Aircraft carded by USFS/OAS? (Y/N – if "Y" add expiration date on card)					
6. Application of gel, foam or retardant? (Y/N)					
7. Number of personnel dispatched with aircraft?					
Aircraft Rates - rates listed understood to include approved aircraft, pilot(s), fuel, oil, maintenance services and service crew.					
8. Flight rate per hour					
9. Flight rate per hour for ferry (non-suppression point to point)					
10. Daily availability rate expressed as a flight hour minimum (offset by actual flight hours / RON applies)					
11. **Oregon operators** Daily availability rate expressed as a flight hour minimum when at home base (offset by actual flight hours / RON does not apply)					

Aircraft information	11	12	13	14	15
1. FAA "N" Number/Tail Number					
2. Make/Model					
3. Size/Type (Type 1, 2 or 3)					
4. Category (Standard or Restricted)					
5. Aircraft carded by USFS/OAS? (Y/N – if "Y" add expiration date on card)					
6. Application of gel, foam or retardant? (Y/N)					
7. Number of personnel dispatched with aircraft?					
Aircraft Rates - rates listed understood to include approved aircraft, pilot(s), fuel, oil, maintenance services and service crew.					
8. Flight rate per hour					
9. Flight rate per hour for ferry (non-suppression point to point)					
10. Daily availability rate expressed as a flight hour minimum (offset by actual flight hours / RON applies)					
11. **Oregon operators** Daily availability rate expressed as a flight hour minimum when at home base (offset by actual flight hours / RON does not apply)					

STATE OF OREGON – DEPARTMENT OF FORESTRY
Helicopter Summary

Company Name:

Aircraft Details	1	2	3
1. FAA "N" Number/Tail Number			
2. FAA Certificate (Part 135, 137, etc.)			
3. Aircraft Color(s)			
4. Empty Weight			
5. Gross Weight			
6. Total Gallons Fuel			
7. Total Hours of Fuel			
8. 100 hr. Inspection Date (or enter "Progressive")			
9. Engine horse power			
10. Number of Passengers (excl. Pilot)			
11. Gallons per bucket/tank with 1.5 hrs. fuel			
12. (30 degrees Celsius at 4,000 feet pressure altitude)			
13. External load weight with 1.5 hrs. fuel on board (30 degrees Celsius at 4,000 feet pressure altitude)			
14. Main Rotors painted in contrast color (YES/NO)			
15. GPS (Y/N)			
16. VHF FM Radio? (# of channels selectable)			
17. # VHF FM Radios (per aircraft)			
18. # VHF AM Radios (per aircraft)			
19. Cargo hook? (Y/N)			
20. Longline length(s) in feet?			
21. Crash Kit with aircraft? (Y/N)			
22.			
23.			
24.			
25.			
26.			
27.			

Aircraft #1 Photo	Aircraft #2 Photo
Aircraft #3 Photo	

**STATE OF OREGON – DEPARTMENT OF FORESTRY
Helicopter Summary**

Company Name:

Aircraft Details	4	5	6
1. FAA "N" Number/Tail Number			
2. FAA Certificate (Part 135, 137, etc.)			
3. Aircraft Color(s)			
4. Empty Weight			
5. Gross Weight			
6. Total Gallons Fuel			
7. Total Hours of Fuel			
8. 100 hr. Inspection Date (or enter "Progressive")			
9. Engine horse power			
10. Number of Passengers (excl. Pilot)			
11. Gallons per bucket/tank with 1.5 hrs. fuel			
12. (30 degrees Celsius at 4,000 feet pressure altitude)			
13. External load weight with 1.5 hrs. fuel on board (30 degrees Celsius at 4,000 feet pressure altitude)			
14. Main Rotors painted in contrast color (YES/NO)			
15. GPS (Y/N)			
16. VHF FM Radio? (# of channels selectable)			
17. # VHF FM Radios (per aircraft)			
18. # VHF AM Radios (per aircraft)			
19. Cargo hook? (Y/N)			
20. Longline length(s) in feet?			
21. Crash Kit with aircraft? (Y/N)			
22.			
23.			
24.			
25.			
26.			
27.			

Aircraft #4 Photo	Aircraft #5 Photo
Aircraft #6 Photo	

**STATE OF OREGON – DEPARTMENT OF FORESTRY
Helicopter Summary**

Company Name:

Aircraft Details	7	8	9
1. FAA "N" Number/Tail Number			
2. FAA Certificate (Part 135, 137, etc.)			
3. Aircraft Color(s)			
4. Empty Weight			
5. Gross Weight			
6. Total Gallons Fuel			
7. Total Hours of Fuel			
8. 100 hr. Inspection Date (or enter "Progressive")			
9. Engine horse power			
10. Number of Passengers (excl. Pilot)			
11. Gallons per bucket/tank with 1.5 hrs. fuel			
12. (30 degrees Celsius at 4,000 feet pressure altitude)			
13. External load weight with 1.5 hrs. fuel on board (30 degrees Celsius at 4,000 feet pressure altitude)			
14. Main Rotors painted in contrast color (YES/NO)			
15. GPS (Y/N)			
16. VHF FM Radio? (# of channels selectable)			
17. # VHF FM Radios (per aircraft)			
18. # VHF AM Radios (per aircraft)			
19. Cargo hook? (Y/N)			
20. Longline length(s) in feet?			
21. Crash Kit with aircraft? (Y/N)			
22.			
23.			
24.			
25.			
26.			
27.			

Aircraft #7 Photo	Aircraft #8 Photo
Aircraft #9 Photo	

STATE OF OREGON – DEPARTMENT OF FORESTRY
Helicopter Summary

Company Name:

Aircraft Details	10	11	12
1. FAA "N" Number/Tail Number			
2. FAA Certificate (Part 135, 137, etc.)			
3. Aircraft Color(s)			
4. Empty Weight			
5. Gross Weight			
6. Total Gallons Fuel			
7. Total Hours of Fuel			
8. 100 hr. Inspection Date (or enter "Progressive")			
9. Engine horse power			
10. Number of Passengers (excl. Pilot)			
11. Gallons per bucket/tank with 1.5 hrs. fuel			
12. (30 degrees Celsius at 4,000 feet pressure altitude)			
13. External load weight with 1.5 hrs. fuel on board (30 degrees Celsius at 4,000 feet pressure altitude)			
14. Main Rotors painted in contrast color (YES/NO)			
15. GPS (Y/N)			
16. VHF FM Radio? (# of channels selectable)			
17. # VHF FM Radios (per aircraft)			
18. # VHF AM Radios (per aircraft)			
19. Cargo hook? (Y/N)			
20. Longline length(s) in feet?			
21. Crash Kit with aircraft? (Y/N)			
22.			
23.			
24.			
25.			
26.			
27.			

Aircraft #10 Photo	Aircraft #11 Photo
Aircraft #12 Photo	

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
General							
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)							
Oregon Pilot Registration (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)							
Airplane Experience (PIC Only)							
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							
Helicopter Experience (PIC Only)							
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
General							
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)							
Oregon Pilot Registration (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)							
Airplane Experience (PIC Only)							
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							
Helicopter Experience (PIC Only)							
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
General							
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)							
Oregon Pilot Registration (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)							
Airplane Experience (PIC Only)							
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							
Helicopter Experience (PIC Only)							
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							