Agreement #:	
	(Agency will assign)

Operator						
Operator (Company Name):	Day Phon	2:	Tax Identification No.:			
Address:						
	Night Pho	ne:				
Email Address:	Other Pho	ne:				
Aircraft # 1		Rates				
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:				
	Tail #:	Daily Aircraft Availabilty Rate:				
	FAA Registration #:	Hourly Flight Rate (Type 1 and 2 ONI	LY):			
	Aircraft Weight:	Special Equipment Daily Rate(s):				
	Estimated Flight Time:	special Equipment Daily Rate(s).				
	Cruise Speed:					
	Maximum Altitude:					
	Headwind Limitation:	Fire Investigation Capable: Yes	No			
	OAS Card (Yes/No and Issue Date): Yes No	Vehicle Type:	Mileage Rate (per mile):			
		Vehicle Type:	Mileage Rate (per mile)			
FAA Registration Card Photo						
TAA REGISTIATION CAIA I NOTO						
* I have read and agree with the t	erms of the State of Oregon, Department of	Operator Name/Title:				
	FOR HIRING UNNMANNED AIRCRAFT SYSTEMS	Signature:				
(UAS) AND PILOTS (ODF-UASCWI	N-25).	Date:				

Agreement #:	
	(Agency will assign)

Operator						
Operator (Company Name):	Da	ay Phone:			Tax Identification No.:	
Address:						
	Ni	ight Phone	:			
Email Address:	Of	ther Phone	e:			
Aircraft # 2			Rates			
Aircraft Photo	Aircraft Make/Model:		Mobilization Rate:			
	Tail #:		Daily Aircraft Availabilty Rate:			
	FAA Registration #:		Hourly Flight Rate (Type 1 and	2 ONL	Y):	
	Aircraft Weight:			,		
	Estimated Flight Time:		Special Equipment Daily Rate(s):		
	Cruise Speed:					
	Maximum Altitude:					
	Headwind Limitation:		Fire Investigation Capable:	Yes	No	
	OAS Card (Yes/No and Issue Date): Yes	s No	Vehicle Type:		Mileage Rate (per mile):	
		•	Vehicle Type:		Mileage Rate (per mile)	
FAA Registration Card Photo						
					Operator Initials:	

Agreement #:	
	(Agency will assign)

Operator					
Operator (Company Name):	Day Ph	none:			Tax Identification No.:
Address:					
	Night P	Phone	:		
Email Address:	Other F				
Aircraft # 3			Rates		
	rcraft Make/Model:		Mobilization Rate:		
	il #:		Daily Aircraft Availabilty Rate		
	A Registration #:		Hourly Flight Rate (Type 1 and	d 2 ONL	_Y):
	rcraft Weight:		Special Equipment Daily Rate	(c):	
	timated Flight Time:		Special Equipment Daily Nate	(5).	
	uise Speed:				
	aximum Altitude:		Fire Investigation Canable.	Voc	No
	eadwind Limitation:		Fire Investigation Capable:	Yes	No
OA	AS Card (Yes/No and Issue Date): Yes		Vehicle Type:		Mileage Rate (per mile):
Aircraft Overview/Additional Informa			Vehicle Type:		Mileage Rate (per mile)
FAA Registration Card Photo					
					Operator Initials:

Agreement #:	
	(Agency will assign)

Operator					
Operator (Company Name):	Day Phone	::	Tax Identification No.:		
Address:					
	Night Pho	ne:			
Email Address:	Other Pho				
Aircraft # 4		Rates			
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:			
	Tail #:	Daily Aircraft Availabilty Rate:			
	FAA Registration #:	Hourly Flight Rate (Type 1 and 2 ON	LY):		
	Aircraft Weight:	Special Equipment Daily Rate(s):			
	Estimated Flight Time:	special Equipment Daily Nate(s).			
	Cruise Speed:				
	Maximum Altitude:	Fire Investigation Canable. Ves	No		
	Headwind Limitation:	Fire Investigation Capable: Yes	No		
	OAS Card (Yes/No and Issue Date): Yes No	• •	Mileage Rate (per mile):		
Aircraft Overview/Additional In		Vehicle Type:	Mileage Rate (per mile)		
FAA Registration Card Photo					
			Operator Initials:		

Agreement #:	
	(Agency will assign)

Operator						
Operator (Company Name):	С	Day Phone:			Tax Identification No.:	
Address:						
	N	Night Phone	:			
Email Address:		Other Phone	2:			
Aircraft # 5			Rates			
Aircraft Photo	Aircraft Make/Model:		Mobilization Rate:			
	Tail #:		Daily Aircraft Availabilty Rate:			
	FAA Registration #:		Hourly Flight Rate (Type 1 and	l 2 ONI	_Y):	
	Aircraft Weight:					
	Estimated Flight Time:		Special Equipment Daily Rate(s):		
	Cruise Speed:					
	Maximum Altitude:					
	Headwind Limitation:		Fire Investigation Capable:	Yes	No	
	OAS Card (Yes/No and Issue Date): Ye	es No	Vehicle Type:		Mileage Rate (per mile):	
			Vehicle Type:		Mileage Rate (per mile)	
FAA Registration Card Photo						
					Operator Initials:	

Agreement #:	
	(Agency will assign)

Operator							
Operator (Company Name):	pany Name): Day Phone: Tax Identification No.:						
Address:							
Night Phone:							
Email Address:		Other Phone	e:				
Pilot Summary							
General	Pilot 1	Pilot 2	Pilot 3	Pilot 4	Pilot 5		
Last Name							
First Name							
FAA Pilot Certificate Number							
DOI Carded (Y/N)							
Experience							
Total PIC all aircraft (hrs.)							
Last 12 months (hrs.)							
Number of take-off and landings							
Platform:							
Platform:							
Platform:							
Platform:							
Fire Seasons UAS Experience							
Incident Qualifications (Type 3-4)							
Date of Fire Fighter Type 1							
Date of Fire Type 2							
Date of Firing Boss							
Fire Seasons Fireline Experience							
Other Incident Qualifications							

Agreement #:	
	(Agency will assign)

	Operator			
Operator (Company Name):	Day Phone:	Tax Identification No.:		
Address:				
	Night Phone:			
Email Address:	Other Phone:			
Special Equipment Details (O	PTIONAL - ONLY FILL OUT IF YOU HAVE SPECIAL EQUIPMENT TO	OFFER WITH A UNIQUE DAILY RATE)		
Equipment Photo	Equipment Name:			
	Specifications:			
	Capabilities (i.e. resolution, Range, spectrum, etc.):	Data Products and Delivery formats:		
Equipment Photo	Equipment Name:			
Equipment Photo	Specifications:			
	specifications.			
	Capabilities (i.e. resolution, Range, spectrum, etc.):	Data Products and Delivery formats:		
		· ·		
Equipment Photo	Equipment Name:			
	Specifications:			
C				
	Capabilities (i.e. resolution, Range, spectrum, etc.):	Data Products and Delivery formats:		