

STATE OF OREGON – DEPARTMENT OF FORESTRY
Airplane Rental Rates

Operator Information

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

AIRCRAFT INFORMATION:	1	2	3	4	5
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)					
Aircraft carded by USFS/OAS? (YES/NO – if "YES" add expiration date on card)					
Hazardous Material Authorization (Yes/No)					
Size of water/retardant tank (gallons - if applicable)					
Foam or retardant capabilities - list type or input "Both"					
RATES * Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and Federal Excise Tax if applicable:					
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):					
SPECIAL EQUIPMENT RATES (IR/mapping, data downlink, etc.)					

*** 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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	Other Phone #:	HAZMAT Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No

AIRCRAFT INFORMATION:	6	7	8	9	10
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)					
Aircraft carded by USFS/OAS? (YES/NO – if "YES" add expiration date on card)					
Hazardous Material Authorization (Yes/No)					
Size of water/retardant tank (gallons - if applicable)					
Foam or retardant capabilities - list type or input "Both"					
RATES * Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and Federal Excise Tax if applicable:					
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):					
SPECIAL EQUIPMENT RATES (IR/mapping, data downlink, etc.)					

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Initials

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Airplane Rental Rates

Operator Information

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Address:	Night Phone #:	Email Address:
	Other Phone #:	HAZMAT Authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No

AIRCRAFT INFORMATION:	11	12	13	14	15
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)					
Aircraft carded by USFS/OAS? (YES/NO – if "YES" add expiration date on card)					
Hazardous Material Authorization (Yes/No)					
Size of water/retardant tank (gallons - if applicable)					
Foam or retardant capabilities - list type or input "Both"					
RATES * Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and Federal Excise Tax if applicable:					
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):					
SPECIAL EQUIPMENT RATES (IR/mapping, data downlink, etc.)					

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Initials

STATE OF OREGON – DEPARTMENT OF FORESTRY
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)							
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? YES/NO							

STATE OF OREGON – DEPARTMENT OF FORESTRY
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)							
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? YES/NO							

STATE OF OREGON – DEPARTMENT OF FORESTRY
Pilot Summary

Company Name:

	Pilot 15	Pilot 16	Pilot 17	Pilot 18	Pilot 19	Pilot 19	Pilot 20
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)							
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? YES/NO							