Operator	
Operator (Company Name):	Tax Identification No.:
Address:	Phone Numbers
	Day: Night:
	Mobile:

Aircraft # 1	Rates
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:

Aircraft # 1		Rates
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:
	FAA Registration #:	Daily Aircraft Availabilty Rate:
	Aircraft Weight:	Hourly Flight Rate (Type 1 and 2 ONLY):
	Estimated Flight Time:	
	Cruise Speed:	Special Equipment Daily Rate(s):
	Maximum Altitude:	
	Headwind Limitation:	
	OAS Card (Yes/No and Issue Date): Yes No	Vehicle Type: Mileage Rate (per mile):
		Vehicle Type: Mileage Rate (per mile)

Aircraft Overview/Additional Information:

Aircraft # 2		Rates
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:
	FAA Registration #:	Daily Aircraft Availabilty Rate:
	Aircraft Weight:	Hourly Flight Rate (Type 1 and 2 ONLY):
	Estimated Flight Time:	
	Cruise Speed:	Special Equipment Daily Rate(s):
	Maximum Altitude:	
	Headwind Limitation:	
	OAS Card (Yes/No and Issue Date): Yes No	Vehicle Type: Mileage Rate (per mile):
		Vehicle Type: Mileage Rate (per mile)

Aircraft Overview/Additional Information:

* I have read and agree with the terms of the State of Oregon, Department of Forestry TERMS OF AGREEMENT FOR HIRING UNNMANNED AIRCRAFT SYSTEMS (UAS) AND PILOTS (ODF-UASCWN-22).	Operator Name/Title: Signature: Date:

Operator	
Company/Operator Name:	Tax Identification No.:
Address:	Phone Numbers
	Day: Night:
	Mobile:

Aircraft # 3		Rates	
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:	
	FAA Registration #:	Daily Aircraft Availabilty Rate:	
	Aircraft Weight:	Hourly Flight Rate (Type 1 and 2 ONLY):	
	Estimated Flight Time:		
	Cruise Speed:	Special Equipment Daily Rate(s):	
	Maximum Altitude:		
	Headwind Limitation:		
	OAS Card (Yes/No and Issue Date): Yes No	Vehicle Type:	Mileage Rate (per mile):
		Vehicle Type:	Mileage Rate (per mile)

Aircraft Overview/Additional Information:

Aircraft # 4		Rates	
Aircraft Photo	Aircraft Make/Model:	Mobilization Rate:	
	FAA Registration #:	Daily Aircraft Availabilty Rate:	
	Aircraft Weight:	Hourly Flight Rate (Type 1 and 2 ONLY):	
	Estimated Flight Time:		
	Cruise Speed:	Special Equipment Daily Rate(s):	
	Maximum Altitude:		
	Headwind Limitation:		
	OAS Card (Yes/No and Issue Date): Yes No	Vehicle Type:	Mileage Rate (per mile):
		Vehicle Type:	Mileage Rate (per mile)

Aircraft Overview/Additional Information:

Operator Initials:

Operator					
Company/Operator:		Tax Identification No.:			
Address:		Phone Numbers			
		Day:		Night:	
		Mobile:			

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					

Operator		
Company/Operator: Address:	Tax Identification No.: Phone Numbers Day: Night: Mobile:	

Special Equipment Details (OPTIONAL - 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:**	
	Specifications:	
	Capabilities (i.e. resolution, Range, spectrum, etc.):	Data Products and Delivery formats:

Equipment Photo	**Equipment Name:**	
	Specifications:	
	Capabilities (i.e. resolution, Range, spectrum, etc.):	Data Products and Delivery formats: