STATE OF OREGON
DEPARTMENT OF FORESTRY

Airplane Rental Rates

Operator Information	
Company Name:	
Address:	
Day Phone #:	
Night Phone #:	
Other Phone #:	
Email Address:	
Taxpayer Identification #:	
Air Taxi Cert (135) #:	
Applicators Cert (137) #:	
HAZMAT Authorization:	☐ Yes ☐ No

AUTHORIZED SIGNATURE* *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*			
Name:	Title:	Signature:	Date Signed:

STATE OF OREGON – DEPARTMENT OF FORESTRY
Airplane Rental Rates

Company Name:

Aircraft Information:	**1**	**2**	**3**	**4**	**5**
1. FAA "N" Number & Call Sign	/	/	/	/	/
2. Make & Model	/	/	/	/	/
3. Aircraft Color(s)					
4. Gross Weight & Empty Weight	/	/	/	/	/
5. Total Gallons Fuel & Total Hours of Fuel	/	/	/	/	/
6. 100 hr. Inspection Date (or enter "Progressive")					
7. Completed Annual Inspection Date					
8. Number of Passengers (Excluding Pilot)					
9. Engine Horsepower					
10. GPS (Y/N)					
11. # VHF FM Radios & AM Radios	/	/	/	/	/
12. VHF FM Radio? (# of channels selectable)					
13. VHF FM Radio? (# of channels selectable)					
14. Narrow-band (NB) Compatible Radio (Y/N)					
15. Aircraft USFS carded? (Y/N – if yes, add exp. date on card)					
16. Aircraft OAS carded? (Y/N – if yes, add exp. date on card)					
17. Size of water/retardant tank (gallons - if applicable)					
18. Gel or Retardant capabilities? (Y/N/Both)					
Aircraft Rates - Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and crew.					
19. Daily Availability (per day):					
20. Flight Rate Wet & Dry (per hour):	/	/	/	/	/
Personnel and Equipment Rates Note: Extended personnel standby is not authorized under this agreement.					
21. RON - Remain Over Night (per person/per night)					
22. Number of pilots & personnel dispatched with aircraft					
23. Service Truck Rate (per mile):					
Special Equipment Rates (IR/mapping, data downlink, etc.) *Rates below will replace Daily Availability (line 19) and Flight Rate (line 20) when equipment in use.					
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/

STATE OF OREGON – DEPARTMENT OF FORESTRY
Airplane Rental Rates

Company Name:

Aircraft Information:	**6**	**7**	**8**	**9**	**10**
1. FAA "N" Number & Call Sign					
2. Make & Model	/	/	/	/	/
3. Aircraft Color(s)					
4. Gross Weight & Empty Weight	/	/	/	/	/
5. Total Gallons Fuel & Total Hours of Fuel	/	/	/	/	/
6. 100 hr. Inspection Date (or enter "Progressive")					
7. Completed Annual Inspection Date					
8. Number of Passengers (Excluding Pilot)					
9. Engine Horsepower					
10. GPS (Y/N)					
11. # VHF FM Radios & AM Radios	/	/	/	/	/
12. VHF FM Radio? (# of channels selectable)					
13. VHF FM Radio? (# of channels selectable)					
14. Narrow-band (NB) Compatible Radio (Y/N)					
15. Aircraft USFS carded? (Y/N – if yes, add exp. date on card)					
16. Aircraft OAS carded? (Y/N – if yes, add exp. date on card)					
17. Size of water/retardant tank (gallons - if applicable)					
18. Gel or Retardant capabilities? (Y/N/Both)					
Aircraft Rates - Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and crew.					
19. Daily Availability (per day):					
20. Flight Rate Wet & Dry (per hour):	/	/	/	/	/
Personnel and Equipment Rates Note: Extended personnel standby is not authorized under this agreement.					
21. RON - Remain Over Night (per person/per night)					
22. Number of pilots & personnel dispatched with aircraft					
23. Service Truck Rate (per mile):					
Special Equipment Rates (IR/mapping, data downlink, etc.) *Rates below will replace Daily Availability (line 19) and Flight Rate (line 20) when equipment in use.					
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/

STATE OF OREGON – DEPARTMENT OF FORESTRY
Airplane Rental Rates

Company Name:

Aircraft Information:	**11**	**12**	**13**	**14**	**15**
1. FAA "N" Number & Call Sign					
2. Make & Model	/	/	/	/	/
3. Aircraft Color(s)					
4. Gross Weight & Empty Weight	/	/	/	/	/
5. Total Gallons Fuel & Total Hours of Fuel	/	/	/	/	/
6. 100 hr. Inspection Date (or enter "Progressive")					
7. Completed Annual Inspection Date					
8. Number of Passengers (Excluding Pilot)					
9. Engine Horsepower					
10. GPS (Y/N)					
11. # VHF FM Radios & AM Radios	/	/	/	/	/
12. VHF FM Radio? (# of channels selectable)					
13. VHF FM Radio? (# of channels selectable)					
14. Narrow-band (NB) Compatible Radio (Y/N)					
15. Aircraft USFS carded? (Y/N – if yes, add exp. date on card)					
16. Aircraft OAS carded? (Y/N – if yes, add exp. date on card)					
17. Size of water/retardant tank (gallons - if applicable)					
18. Gel or Retardant capabilities? (Y/N/Both)					
Aircraft Rates - Rates shown here are understood to include approved aircraft and pilot(s), fuel, oil, maintenance services and crew.					
19. Daily Availability (per day):					
20. Flight Rate Wet & Dry (per hour):	/	/	/	/	/
Personnel and Equipment Rates Note: Extended personnel standby is not authorized under this agreement.					
21. RON - Remain Over Night (per person/per night)					
22. Number of pilots & personnel dispatched with aircraft					
23. Service Truck Rate (per mile):					
Special Equipment Rates (IR/mapping, data downlink, etc.) *Rates below will replace Daily Availability (line 19) and Flight Rate (line 20) when equipment in use.					
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/

STATE OF OREGON – DEPARTMENT OF FORESTRY
Pilot Summary

Company Name:

	Pilot 1	Pilot 2	Pilot 3	Pilot 4	Pilot 5	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)							
Total Helicopter Turbine (hrs)							
Type 1 Helicopter (hrs)							
Type 2 Helicopter (hrs)							
Type 3 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)							
Total Helicopter Turbine (hrs)							
Type 1 Helicopter (hrs)							
Type 2 Helicopter (hrs)							
Type 3 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 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)							
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)							
Total Helicopter Turbine (hrs)							
Type 1 Helicopter (hrs)							
Type 2 Helicopter (hrs)							
Type 3 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							