



# AVIATION SERVICE REQUEST

Contract Number: \_\_\_\_\_

## REQUISITIONING MINISTRY

Name of Requisitioning Ministry: \_\_\_\_\_

Requisitioning Ministry Representative: Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

User Contact if not Requisitioning Ministry Rep: \_\_\_\_\_

Address for Invoicing: \_\_\_\_\_ Email: \_\_\_\_\_

## CONTRACTOR

Name of Air Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Aircraft Requirements: Registration: \_\_\_\_\_ A/C Type: \_\_\_\_\_

## SERVICE REQUESTED

Service Period: Service Commencing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Service Completion Date: \_\_\_\_\_ Time: \_\_\_\_\_

Point of Hire: \_\_\_\_\_ Point of Release: \_\_\_\_\_

Description of Services: \_\_\_\_\_ Speciality Equipment: \_\_\_\_\_

## CHARGES

- Tariff Rate (applicable Landing Fees are paid with Tariff Rates): \_\_\_\_\_ per hour
- Holding Charges at the following rate: \_\_\_\_\_ per hour
- Quoted bid at the following rate: \_\_\_\_\_
- Contract Price not to exceed \_\_\_\_\_

**HOLDBACK FROM PAYMENT**  
 Yes  No

## FUEL EXPENSES

- Included  As quoted on MSO  Supplied by the Contractor at rate: \_\_\_\_\_  Fuel supplied by Requisitioning Ministry

**ADDITIONAL RELATED CHARGES:** \_\_\_\_\_

## TRAVEL STATUS

- Travel expenses not applicable  Travel expenses at Ministry Travel Expense Rates  Travel expenses at Group 1 Rates

## MINIMUM

Minimum Guarantee \_\_\_\_\_ hour(s) per day. Averaged over \_\_\_\_\_ day(s). Total guaranteed hours (excluding Partial) \_\_\_\_\_

## COMMENTS

\_\_\_\_\_

## SIGNATURES

The Contractor agrees with the Aviation Service Request. Signed and delivered on behalf of the Contractor by an authorized representative of the Contractor.

Date: \_\_\_\_\_  
Authorized Signatory

Requisitioning Ministry: Signed and delivered on behalf of the Province by an authorized representative of the Province.

Date: \_\_\_\_\_  
Authorized Requisitioning Ministry Expense Authority



# Aviation Booking

Contract Number: \_\_\_\_\_

Service Period: Service Commencing Date: \_\_\_\_\_ Service Completion Date: \_\_\_\_\_

Ministry Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Air Carrier: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Aircraft Requirements: Registration: \_\_\_\_\_ A/C Type: \_\_\_\_\_

Pilot(s): Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MANIFEST

Identified in Personnel Resource Tracking (PRT):  YES  NO, see following manifest

	Passenger Name	Call Sign	Passenger Weight (lbs)	Cargo Weight (lbs)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

Total: \_\_\_\_\_

Cargo Description: \_\_\_\_\_ Total Weight: \_\_\_\_\_

Transport of dangerous goods

## ITINERARY

Leg	Departure Point	ETD	Destination	ETA	Hold Time	# Passengers
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

## FLIGHT FOLLOWING

Fire Centre: \_\_\_\_\_  Other: \_\_\_\_\_

## COMMENTS

\_\_\_\_\_  
\_\_\_\_\_