



AVIATION SERVICE REQUEST

This contract forms an integral part of the Master Standing Offer executed by the parties and dated for reference **April 1, 2015**.

Contract Number: AO _____

E.g. AO15ZZZ/FWB-001-B where AO=Air Operations, 15=Fiscal Year, ZZZ=Carrier Identifier, FWB=Office Identifier, 001=Numeric Batch Number (001 through 999), and B=Booking/ST=Short Term.

REQUISITIONING MINISTRY

Name of Requisitioning Ministry: _____

Requisitioning Ministry Name: _____ Email: _____

Representative: Phone: _____ Alt. Phone: _____ Fax: _____

User Contact if not Requisitioning Ministry Rep: _____

Address for Submission: _____

SERVICE REQUESTED

Service Commencing: Date: _____ Time: _____ Service Completion: Date: _____ Time: _____

Point of Hire: _____ Point of Release: _____

Name of Air Carrier: _____

Email: _____ Phone: _____ Fax: _____

Aircraft Requirements: Registration: _____ A/C Type: _____

Pilot(s): Name: _____ Phone: _____ Name: _____ Phone: _____

Engineer(s): Name: _____ Phone: _____ Name: _____ Phone: _____

Description of Services: _____ Speciality Equipment: _____

See email for attachments

CHARGES

FEES

Emergency tariff rate applies (applicable landing fees are paid with tariff rates): _____

Holding charges approved and apply at the following agreed rate: _____

Quoted bid rate applies. Contract maximum price (not to be exceeded): _____

FUEL COSTS

As quoted on MSO Other rate: _____

Fuel supplied by Ministry Fuel supplied by the contractor at rate: _____

TRAVEL EXPENSES

Travel expenses not applicable Travel expenses at Group 1 rates Travel expenses at WMB rates

HOLDBACK FROM PAYMENT

Yes No

MINIMUMS

Daily minimum applies averaged over _____ days. Maximum _____ hours per day. Total guaranteed hours: _____

OTHER CHARGES

MANIFESTIdentified 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	_____	_____	_____	_____
7	_____	_____	_____	_____
			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	_____	_____	_____	_____	_____	_____

COMMUNICATIONS/FLIGHT WATCHFlight Plan: IFR - NAV Canada VFR - NAV Canada Air CarrierFlight Watch: Fire Centre: _____ RM Office: _____ Other Contact: _____ Phone: _____**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 SIGNATURE**SIGNED AND DELIVERED** on behalf of the Province by an authorized representative of the Province.

Date: _____

Authorized Requisitioning Ministry Expense Authority

EXTENSIONS

Term: _____ Authorized by: _____ Date: _____

Term: _____ Authorized by: _____ Date: _____

Term: _____ Authorized by: _____ Date: _____

Term: _____ Authorized by: _____ Date: _____

Term: _____ Authorized by: _____ Date: _____