



# AVIATION SERVICE REQUEST

This contract forms an integral part of the Master Standing Offer executed by the parties and dated for reference **April 1, 2016**.

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

E.g. AO17FWB0001 where AO=Air Operations, 17 = Fiscal Year, FWB= Office Identifier, 0001=Numeric Batch Number (0001 through 9999)

## REQUISITIONING MINISTRY

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

Requisitioning Ministry Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Representative: \_\_\_\_\_

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

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

Submit Invoice to (address/email): \_\_\_\_\_

## SERVICE REQUESTED

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

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

Description of Services: \_\_\_\_\_

See other attachments (e.g. contract schedules, maps, etc.)

## CONTRACTOR (AIR CARRIER) INFORMATION

Contractor Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

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

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

Specialty Equipment: \_\_\_\_\_

## CONTRACT PAYMENT

### FEES

- Tariff Rate (applicable Landing Fees are paid with Tariff Rates): \_\_\_\_\_ per hour
- Holding Charges approved and apply at the following agreed rate: \_\_\_\_\_ per hour
- Quoted bid rate applies. (See attached)

### HOLDBACK FROM PAYMENT

Yes  No

### FUEL EXPENSES

Supplied by Requisitioning Ministry

Reimburse the fuel reasonably consumed based on the fuel burned and the price agreed upon:

- Fuel burn rate: \_\_\_\_\_ litres per hour (as per Appendix F)
- Price of base fuel: \_\_\_\_\_ per \_\_\_\_\_
- Based on receipts

Included as per  Quoted Bid rate or  MSO Appendix F2

### TRAVEL STATUS (see Appendix B of the MSO)

- Not applicable
- BCWS Travel Rates
- Travel expenses at Group 1 rates

### MINIMUMS

- (if applicable) Daily Minimum applies averaged over \_\_\_\_\_ days at \_\_\_\_\_ hours per day (Max 4 hours). Total guaranteed hours: \_\_\_\_\_  
(To be averaged over the Service Period. See Schedule E – Fire Suppression Aviation Services – Additional Terms).
- Partial day minimums applied to \_\_\_\_\_ day(s). (<8 hours in a day calculated by dividing the availability period in hours by 2, minus flight time and paid at the Unused Minimums Rate, which is not exceeding 85% of the Tariff Rate excluding fuel)

OTHER CHARGES: \_\_\_\_\_

**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. If this Aviation Service Request and any attachments are delivered by either party by electronic email, it shall be deemed fully executed and binding.

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: \_\_\_\_\_

**FLIGHT INFORMATION BELOW IS SUBJECT TO CHANGE AND CONFIRMED PRIOR TO LIFTOFF**  
(please notify the designate under the flight plan information of any changes)

**EMERGENCY CONTACTS**

Requisitioning Ministry Emergency Contacts:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**AIR CREW**

Pilot Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Pilot Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Engineer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**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.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Cargo Description: \_\_\_\_\_

Total PW: \_\_\_\_\_ Total CW: \_\_\_\_\_

Total weight: \_\_\_\_\_ Transportation Dangerous Goods

**ITINERARY**

Leg	Departure Point	ETD	Destination	ETA	Hold Time	# Pax
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____

**FLIGHT PLAN INFORMATION**

Fire Centre \_\_\_\_\_ Dispatch Phone #: \_\_\_\_\_  Air Carrier  IFR – NAV Canada  
 VFR – NAV Canada  Other: \_\_\_\_\_

**MODIFICATION AGREEMENTS** (If anything more than the dates and minimum guarantees are modified, the full modification agreement must be used.)

**MODIFICATION AGREEMENT #1:**  Full Modification Agreement Completed

Service Commencing Date: \_\_\_\_\_ Time: \_\_\_\_ Service Completion Date: \_\_\_\_\_ Time: \_\_\_\_ Minimum Guarantee: \_\_\_\_ hr(s)/day

A. In all other respects, the Aviation Service Request is confirmed.

**THE CONTRACTOR AGREES WITH THE ABOVE MODIFICATION AGREEMENT: SIGNED AND DELIVERED** on behalf of the Contractor by an authorized representative of the Contractor. If this modification agreement and any attachments are delivered by either party by electronic email, it shall be deemed fully executed and binding.

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 Signatory: \_\_\_\_\_

**MODIFICATION #2:**  Full Modification Completed

Service Commencing Date: \_\_\_\_\_ Time: \_\_\_\_ Service Completion Date: \_\_\_\_\_ Time: \_\_\_\_ Minimum Guarantee: \_\_\_\_ hr(s)/day

A. In all other respects, the Aviation Service Request is confirmed.

**THE CONTRACTOR AGREES WITH THE ABOVE MODIFICATION: SIGNED AND DELIVERED** on behalf of the Contractor by an authorized representative of the Contractor. If this modification and any attachments are delivered by either party by electronic email, it shall be deemed fully executed and binding.

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 Signatory: \_\_\_\_\_

**MODIFICATION #3:**  Full Modification Completed

Service Commencing Date: \_\_\_\_\_ Time: \_\_\_\_ Service Completion Date: \_\_\_\_\_ Time: \_\_\_\_ Minimum Guarantee: \_\_\_\_ hr(s)/day

A. In all other respects, the Aviation Service Request is confirmed.

**THE CONTRACTOR AGREES WITH THE ABOVE MODIFICATION: SIGNED AND DELIVERED** on behalf of the Contractor by an authorized representative of the Contractor. If this modification and any attachments are delivered by either party by electronic email, it shall be deemed fully executed and binding.

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 Signatory: \_\_\_\_\_

**MODIFICATION #4:**  Full Modification Completed

Service Commencing Date: \_\_\_\_\_ Time: \_\_\_\_ Service Completion Date: \_\_\_\_\_ Time: \_\_\_\_ Minimum Guarantee: \_\_\_\_ hr(s)/day

A. In all other respects, the Aviation Service Request is confirmed.

**THE CONTRACTOR AGREES WITH THE ABOVE MODIFICATION: SIGNED AND DELIVERED** on behalf of the Contractor by an authorized representative of the Contractor. If this modification and any attachments are delivered by either party by electronic email, it shall be deemed fully executed and binding.

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 Signatory: \_\_\_\_\_

**MODIFICATION #5:**  Full Modification Completed

Service Commencing Date: \_\_\_\_\_ Time: \_\_\_\_ Service Completion Date: \_\_\_\_\_ Time: \_\_\_\_ Minimum Guarantee: \_\_\_\_ hr(s)/day

A. In all other respects, the Aviation Service Request is confirmed.

**THE CONTRACTOR AGREES WITH THE ABOVE MODIFICATION: SIGNED AND DELIVERED** on behalf of the Contractor by an authorized representative of the Contractor. If this modification and any attachments are delivered by either party by electronic email, it shall be deemed fully executed and binding.

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 Signatory: \_\_\_\_\_