



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: _____