



BC Wildfire Service

AIRCRAFT BOOKING

BCWS Booking No. _____

BOOKING REQUEST

Today's Date _____ Requested By _____ Phone # _____

REQUIRED	USER CONTACT
Flight Date _____	Name _____ Phone # _____

Suggested Type/Carrier _____ Specialized Equipment Required _____

Purpose _____

Passengers

Passenger	Name	Phone #

Cargo Description

Passenger Weight (lb)	Cargo Weight (lb)	Total Weight (lb)

LEG	DEPARTURE POINT	E.T.D.	DESTINATION	E.T.A.	HOLD TIME	# OF PASS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Branch/Reg/Dist-Prog	Account	STOB	Response	Project

Billing Address	Expense Authority

BOOKING CONFIRMATION

Booking Confirmed?	Name	BOOKED BY	
		Fax #/Email	
Yes			
No	Phone #	Date	

Carrier	Phone #	Registration	A/C Type
	Fax #	Pilot	
Rate (\$)	If fuel not incl. (\$)	BCWS Minimums	
		Yes No	
		Hrs:	Quoted by
	Burn Rate LPH	Holding Charges?	Carrier After Hours Contact
		Yes No	

Comments	COMMUNICATIONS/FLIGHT WATCH								
	<table style="width: 100%;"> <tr> <td colspan="2">Flight Plan</td> </tr> <tr> <td style="width: 50%;">IFR - NAV CANADA</td> <td style="width: 50%;">Fire Centre</td> </tr> <tr> <td>VFR- NAV CANADA</td> <td>FLNRORD</td> </tr> <tr> <td>Air Carrier</td> <td>Other</td> </tr> </table>	Flight Plan		IFR - NAV CANADA	Fire Centre	VFR- NAV CANADA	FLNRORD	Air Carrier	Other
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Fax/Email To	Approved By
	Name

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