



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	Weight (lb)	Specialized Equipment

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
Per Hr	Per Hr	Hrs:	Quoted by
Per Mile	Per Litre		
Total	Per Mile	Holding Charges?	Carrier After Hours Contact
		Yes	No
	Burn Rate LPH		

Comments	COMMUNICATIONS/FLIGHT WATCH
	Flight Plan IFR - NAV CANADA VFR- NAV CANADA Air Carrier
	Fire Centre FLNRORD Other
	BCWS Booking No.
	Contact

Fax/Email To	Approved By
	Name

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