



AIRCRAFT BOOKING

BCWS BOOKING #

TODAY'S DATE		REQUESTED BY		PHONE #		FLIGHT REQUIRED		USER CONTACT	
						DATE	TIME	NAME	PHONE #
BOOKING FIRE CENTRE		SUGGESTED TYPE OR CARRIER		DATES EXTENDED TO INCLUDE		PURPOSE			
SPECIALIZED EQUIPMENT						CARGO		WEIGHTS (lbs)	
PASSENGERS		WEIGHT (lbs)		PASSENGERS		WEIGHT (lbs)			
								PAX WEIGHT	CARGO WEIGHT
								TOTAL WEIGHT	
LEG	DEPARTURE POINT	E.T.D.	DESTINATION	E.T.A.	HOLD TIME	# OF PAX			
1									
2									
3									
4									
5									
6									
7									
BRANCH / REGION / DISTRICT – PROGRAM			ACCOUNT	STOB	RESPONSIBILITY	PROJECT			
BILLING ADDRESS			SPENDING AUTHORITY		EMAIL FOR BILLING				
BOOKING CONFIRMATION									
BOOKING CONFIRMED		BOOKED BY							
<input type="checkbox"/> Yes <input type="checkbox"/> No		NAME	DATE	PHONE #	EMAIL				
CARRIER		CARRIER PHONE #	CARRIER EMAIL			PILOT			
MINIMUMS/HOLDING CHARGES		A/C TYPE	REGISTRATION	RATE	AFTER HOURS CONTACT #		PILOT CONTACT #		
<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Hrs				<input type="checkbox"/> /Hr <input type="checkbox"/> /NM <input type="checkbox"/> TOTAL					
BURN RATE	FUEL RATE	QUOTED BY		FLIGHT WATCH		COMMUNICATIONS			
L/Hr	<input type="checkbox"/> /H <input type="checkbox"/> /L <input type="checkbox"/> /NM			<input type="checkbox"/> IFR - NAV Canada <input type="checkbox"/> VFR - NAV Canada <input type="checkbox"/> AIR CARRIER		FIRE CENTRE _____ OTHER _____ CONTACT # _____			
COMMENTS				SIGNED AND DELIVERED on behalf of the Province by an authorized representative:					
				PRINT NAME					
				SIGNED AND DELIVERED on behalf of the Contractor by an authorized representative:					
				PRINT NAME					