



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
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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
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BOOKING CONFIRMATION

BOOKING CONFIRMED	BOOKED BY			
<input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	DATE	PHONE #	EMAIL

CARRIER	CARRIER PHONE #	CARRIER EMAIL	PILOT
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MINIMUMS/HOLDING CHARGES	A/C TYPE	REGISTRATION	RATE	<input type="checkbox"/> /Hr <input type="checkbox"/> /NM <input type="checkbox"/> TOTAL	AFTER HOURS CONTACT #	PILOT CONTACT #
<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Hrs						

BURN RATE	FUEL RATE	<input type="checkbox"/> /H <input type="checkbox"/> /L <input type="checkbox"/> /NM	QUOTED BY	FLIGHT WATCH	COMMUNICATIONS
	L/Hr			<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