

SECTION A – SERVICES/PRICES SCHEDULE

AIR TACTICAL RENTAL AGREEMENT

U.S. DEPARTMENT OF THE INTERIOR
 Aviation Management
 3190 NE Expressway, Suite 110
 Atlanta, GA 30341

Telephone: (770) 458-2055

Fax: (770) 458-6677



VENDOR NO.:

Name and Address:

Telephone No.:

After Hours:

FAX:

E Mail Address:

DISCOUNT TERMS:

_____ % 15 Days _____ % 20 Days

Net 30 Days

A1. AIRCRAFT INFORMATION - (This form may be used for multiple airplanes provided the prices and information are the same for each airplane.)

FAA Reg. No.	N		N	
	N		N	
	N		N	

Manufacturer and Model:

Operations for Which Approved: VFR IFR

Passenger Seats Insured (exclude pilot):

Single Pilot IFR in Accordance with FAR 135 (multiengine): YES NO

Vendor's Base of Operations:

Additionally Certified Under Part 121, 125 or 141?: YES NO

Special Equipment: **In accordance with Supplement 15, Interagency Air Tactical**

A2. RATES - PAYMENT COMPUTED IN ACCORDANCE WITH OAS-12

	WET WITH PILOT	DRY WITH PILOT	*WET WITHOUT PILOT	*DRY WITHOUT PILOT
(1) Rate per Flight Hour	\$	\$	\$	\$
(2) Daily fixed cost guarantee. (Subject to Air Tactical Supplement 15):				\$
(3) Additional Amount Per Flight Hour When Copilot is Requested:				\$
(4) Extended Standby (Over 9 hours) - Pilot - \$ 42.00/hr (Extended Standby - see Supplement 15 C8.15.5.3.3)				
(5) Subsistence allowance for remaining overnight (RON) per authorized crew member. Allowance paid per Federal Travel Regulations found at http://policyworks.gov (refer to paragraph C8.4.1).				

* **WITHOUT PILOT** - Contact Flight Coordination Center before filling in price. Evidence of hull insurance to cover government pilots is required. (refer to Clause C3.2)

A3. TERMS AND CONDITIONS - The vendor agrees to perform services in accordance with the terms and conditions of this Aircraft Rental Agreement which includes form OAS-12, and any applicable supplements which are attached or incorporated herein by reference. This agreement is only applicable to transactions conducted through the DOI Aviation Management. The vendor certifies that the above identified aircraft are under Part 135 and that insurance coverage required under Clause C3.1 is in effect for all listed aircraft.

SIGNATURE OF VENDOR	NAME AND TITLE (Type or Print)	DATE
SIGNATURE OF CONTRACTING OFFICER	TITLE (Type or Print)	DATE