

**SECTION A – SERVICES/PRICES SCHEDULE**

**AIRPLANE RENTAL AGREEMENT**

**U.S. DEPARTMENT OF THE INTERIOR**  
**National Business Center**  
**Aviation Management**  
**3190 NE Expressway, Suite 110**  
**Atlanta, GA 30341**  
**Phone: 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:  Cargo Doors       Long Range Fuel Tank       FM Programmable Radio (Narrow/Wide Band)  
 GPS       Intercom       Amphibious Floats      Floats      Skis      Camera Port  
 FLIR       Other \_\_\_\_\_

**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) Standby Rate Per Hour for Pilot: \_\_\_\_\_ \$

(3) Standby Rate Per Hour for Pilot and Copilot: \_\_\_\_\_ \$

(4) Additional Amount Per Flight Hour When Copilot is Requested \_\_\_\_\_ \$

(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.

<b>SIGNATURE OF VENDOR</b>	<b>NAME AND TITLE (Type or Print)</b>	<b>DATE</b>
<b>SIGNATURE OF CONTRACTING OFFICER</b>	<b>TITLE (Type or Print)</b>	<b>DATE</b>