

REQUEST FOR CONTRACT SERVICES

MAIL REQUEST TO		I. ORDERING BUREAU OR OFFICE AND ADDRESS	
DOI - Aviation Management			
Headquarters 300 E Mallard Drive Suite 200 Boise, ID 83706-3991 Fax No 208-433-5030	Alaska Regional Office 4405 Lear Court Anchorage, AK 99502-1032 Fax No 907-271-4788 or 907-271-6080		
SERVICE REQUEST INCLUDE AMD-13A or 13H QUESTIONNAIRE			
2. TYPE OF SERVICE REQUIRED (check one) <input type="checkbox"/> Helicopter Flight Service <input type="checkbox"/> Fixed Wing Flight Service <input type="checkbox"/> Purchase <input type="checkbox"/> Maintenance <input type="checkbox"/> Other:			
3. SERVICES PROVIDED PREVIOUS YEAR BY		CONTRACT NUMBER	
4. DESIGNATED BASE (If reporting/release base required, see questionnaire)			
5. USE PERIOD - # OF CALENDAR DAYS	START DATE	END DATE	
6. METHOD OF MEASUREMENT AND PAYMENT <input type="checkbox"/> Daily Availability-Exclusive Use <input type="checkbox"/> Plus Extended standby for Crew availability Over 9 Hours Per Day <hr/> <input type="checkbox"/> Guaranteed Flight Hours-Exclusive Use <input type="checkbox"/> Plus Extended Standby for Crew Availability Over 9 Hours Per Day <hr/> <input type="checkbox"/> On Call/Call When Needed (CWN) - No guarantee but expected to exceed \$25,000 (National CWN Medium/Heavy needs acquired by USFS) (Attach separate work statement that identifies the specific need) <input type="checkbox"/> Purchase <input type="checkbox"/> Aircraft Maintenance <input type="checkbox"/> Other:			
Number of Hours Guaranteed: <input type="checkbox"/> Flight Hours	Number of Renewal Option Years to Include: (check one)		
Number of Days Guaranteed: <input type="checkbox"/> Availability Days	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> None <input type="checkbox"/>		
7. GOVERNMENT COST ESTIMATE			
Estimated Flight Hours		Estimated Flight Rate Per Hour	\$
Estimated Days of Availability		Estimated Daily Availability Rate	\$
Estimated Miscellaneous Cost (subsistence, service truck mileage, out of state fees, etc.)			\$
Other:			\$
GOVERNMENT TOTAL ESTIMATED COST (Required)			\$
8. DIRECT QUESTIONS ABOUT THIS REQUEST TO		9. CONTRACTING OFFICER'S REPRESENTATIVE (COR) (Must meet DOI training and currency requirements)	
Name		Name	
Bureau		Bureau	
Address		Address	
City/State/Zip Code		City/State/Zip Code	
Telephone No.		Telephone No.	
Facsimile No.		Facsimile No.	
E-Mail Address		E-Mail Address	
Additional Comments			
10. REQUISITIONED BY Name & Signature		TITLE	DATE
11. NATIONAL/REGIONAL OFFICE CONCURRENCE (as needed) Name & Signature		TITLE	DATE
12. APPROVAL & CERTIFICATION OF FUNDING AVAILABILITY Name & Signature		TITLE	DATE
CHECK ONE <input type="checkbox"/> FUNDS ARE AVAILABLE <input type="checkbox"/> FUNDS ARE AVAILABLE CONTINGENT UPON PASSAGE BY CONGRESS			
Billee Code:		Bureau Accounting Data or Charge Code:	