OAS-4
(10/2025)

COOPERATOR REQUEST & APPROVAL

TO:	Office of Aviation Services - (Select)
THROUGH:	Insert name of bureau NAM
FROM:	Insert name of RAM/SAM/Field

Request approval for _____ to support this office/agency/bureau in cooperator status in accordance with 351 DM 4. The following information is provided:

COOPERATOR TYPE: ☐ Affiliate ☐ Military ☐ Other Government Agency ☐ Canadian Government

1. COOPERATOR AGENCY POINT(S) OF CONTACT:

Name:		**Phone:**	
Title:		**E-Mail:**	
Name:		**Phone:**	
Title:		**E-Mail:**	
Name:		**Phone:**	
Title:		**E-Mail:**	

2. NAME OF OPERATOR:

Note: Only required for non-government owned aircraft

Company Name:			
Contact Name:		**Phone:**	
Contact Title:		**E-Mail:**	

3. REQUESTED AIRCRAFT AND PILOT(S):

AIRCRAFT

Make	Model	N-Number

PILOT(S)

Name(s)

4. INTENDED USE:

Special Use(s):

Please refer to OPM-29 for special use mission definitions

DOI Personnel Transported?: ☐ YES ☐ NO

If YES, in what capacity?

Specify if DOI personnel will be on board and in what capacity

5. OAS Carded Affiliate? ☐ YES ☐ NO **(Currently carded and mission qualified pilots and/or aircraft)**

Note: No requirement to list pilot names or aircraft tail numbers

6. Military Operations? ☐ YES ☐ NO

Note: No pilot names or aircraft tail numbers required. Enter aircraft types and military unit(s) as applicable in additional info block below

7. Reimbursement Agreement? ☐ YES ☐ NO

Note: If reimbursement is agreed to by both parties, it will be up to the benefiting agency/bureau to establish the reimbursable agreement or payment vehicle with the servicing party

8. REQUESTING BUREAU POC:

Name:		**Phone:**	
Title:		**E-Mail:**	

9. PROPOSED START/END DATES:

Start Date: End Date: **10. ESTIMATED FLIGHT TIME:**

11. MOU In Place?: ☐ YES ☐ NO **12. If YES, Date Signed:**

BUREAU REGION/STATE Manager or Designee Signature *(as required)*:

BUREAU National Aviation Manager or Designee Signature *(as required)*:

OAS APPROVAL:

COOPERATOR APPROVAL EXPIRATION DATE:

Additional Information:
Use this field to include details about additional pilots, aircraft, or other relevant information

Notes:

1. This form may serve as the final cooperator approval; however, OAS Regional Directors may issue a memorandum if more detail is needed.
2. The senior Bureau employee on each cooperator flight is responsible for ensuring the following:
   - Pilot and aircraft are approved for the mission.
   - DOI employees have taken required training.
   - Compliance with all aviation policies including PPE, flight manifests, and flight following.
3. OAS cannot require non-DOI passengers to wear PPE on cooperator flights.

All cooperator flight hours related to this approval letter will be submitted using the Cooperator Use Report survey located at https://forms.office.com/g/u3nL9kqXMN or by scanning the QR code below:

For non-revenue flights, the notation "Flight time record only - Not for payment purposes" should be placed in the "Notes" section of the survey. If payment is to be made, a separate agreement must be completed in accordance with 350 DM 1.9 C and 351 DM 4.1 F (1).

An Aviation Safety Communique (SAFECOM) shall be submitted to report any hazard, incident, observation, maintenance problem, or other circumstance with personnel or aircraft that has the potential to cause an aviation related mishap.