OAS-13F 02/15 REQU	JEST FO	R AC	QUISIT	ION OF	'FL	LEET AIRC	RAFT		
REQUESTING BUREAU AND OFFICE	POIN	POINT OF CONTACT (F		C) NAME	POC EMAIL		POC		CTELEPHONE
PROCUREMENT TYPE (check one): ☐ New Assest ☐	Replace Exi	isting Mak	ke/Model	□Change Ex	xisting	Make/Models	□Transfer/Bail	from	
AVIATION BUSINESS CASE: Baseline ABC on file.	 ☐ Update			☐ New AB			· ·		
Current/Proposed Primary Operating Location:	<u> </u>	I	Current Bu	ısiness Mode	el: 🗆	Government Ov	ned/Operated	☐ Gov't C	Owned/Contract Pilot
				ercial Owned			Commercial Ow		·
	Year:	Make	Make/Model/Series:			FAA Reg #:			Status:
Current Asset Used to Meet This Requirement						J			☐ Out of Service
						_			Li Out of Service
Landing Gear Configurations (Check all used): Uh	eels 🗆 Skis	☐ Floats	☐ Amphil	bs □Std Sk	ids	☐ Extended Heig	tht Skids	her	
Other Specialized Equipment Installed:			<u> </u>		I _{5 11}	A 11 1 111 /		1	
Annual Hours Flown (3 yr avg): Operating Cost/Hou Dry: Wet		Monthly I	Fleet Rate:		Daily	y Availability (cor	itract only):	If curren	at asset is contracted, attach copy of contract.
		. 5		/lake/Model	/Serie	es:			☐ VFR Only
Proposed Asset to Meet This Requirement		lew □ Us	sed						☐ VFR/IFR Capable
NOTE: If this is a new aircraft or change from previou	s make/mode	el, a Aviat	ion Busines	ss Case is re	quire	d. List aircraft to	be compared in	BCA abov	e.
Landing Gear Configurations (Check all required):	Wheels □ S	skis □ Flo	oats 🗆 Am	phibs 🗆 Sta	andar	rd Skids 🛮 Exte	nded Height Skid	ds □ Ot	her
Specialized Equipment Requiredments (Check all requ	ired): 🗆 VHI	F FM 🗆 /	AFF Sat	phone 🗆 Fli	ight D	Data 🗆 Tracking	Antenna □ ADS	i-B □ Ot	:her
Modifications to standard Make/Model required:						Requir	ed Delivery Date	::	
Performance Requirements						<u> </u>	· ·	He	licopters Only
Typical Mission Profile # Avg Wt	Total		Турі	ical Operatir	ng Rad	dius:	nm HO	GE-I	lbs
Pilot(s) x =					ation	— ft Ten	пр	c	
					ngth	— ft Pres	ssure Alt	 ft	
			Highe	est Field Ten	npera		— С		
			Max	imum Cruis	e Altii	tude	— ft		
Typical/Max Payload			N	∕lin High Spe	ed Cr	ruise	— KTAS		UAS Only
Required Mission Fuel Weight*									
Maximum Seats Available			ance	_	egory				
Note: Assume fuel weight based on required enduran	co v octimato			_			_	-60.7	
Type Missions To Be Flown (use standard DOI mission					iit pit	15 20 IIIII TESETVE			
Mission Description		s Per Year		f Annual Ho	<u>urs</u>		Fun	ding Plan	
			- - - - -			Oth	Source Appropriation Exchange Sale Aircraft Reserv Bureau Cor	Proceeds ves (WCF)	
			-			Total E	stimated Acquis	ition Cost	
			_			OAS Fleet Accou	ntant coordinat	ion (sign/o	date)
Proposed Total Annual Progra	ım		_		_				

Coordination/Approval History								
Regional Aviation Manager Coordination:	Signature	Comments	Date					
Mama								
Name	Signature	Accounting Code	date					
Bureau Funds Certifier								
Name Bureau EAS Member Concur:	Signature	Comments	Date					
Bureau EAS Wernber Concur.	Signature .	comments	Julie 1					
Name								
OAS Technical Services Coordination:	Signature	Comments	Date					
Name								
Bureau EAC Member Concur:	Signature	Title	Date					
N								
Name OAS Director Concur:	Signature	Comments	Date					
Name EAC Mambar Natification But	Signature	Title	Date					
EAC Member Notification By:	Signature	nue	Date					
Name								
Comments								