

**AIRPLANE RENTAL AGREEMENT PRICE LIST**

<b>U.S. Dept. of Interior Acquisition Offices:</b> <b>1. Office of Aviation Services- Boise Acquisition Office (Lower 48 States)</b> 300 E. Mallard Drive – Suite 200 Boise, ID 83706-3991 208-433-5000 Phone/208-433-5030 Fax	
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<b>Contractor Name and Address:</b> Name Street City State Zip Code	<b>AGREEMENT NO.</b>	
	<b>Telephone No.</b>	
	<b>After Hours/Cell Phone No.</b>	
	<b>FAX No.</b>	
	<b>E-Mail:</b>	

<b>AIRCRAFT INFORMATION:</b>			
Manufacturer and Model:		FAA Registration Number	N
Aircraft Base of Operations: (Complete Address)	Base Name	Street	
	City	State	Zip Code
Passenger Seats Insured (exclude pilot):	Operations for Which Approved:	VFR	IFR
Single Pilot IFR in accordance with Part 135 (ME or SE Turbine)		YES	NO

<b>SPECIAL USE:</b>	
Please check each Special Use Supplement Box below that you want to be considered for inspection under this ARA <sup>1</sup>	
Fire and Resource Reconnaissance	Low Level Activities
Airplane Wheel Operations on Unprepared Landing Areas	Rental of Tandem Seat Airplanes
Airplane Extended Overwater Survey	Mountainous Terrain

<b>Special Equipment:</b>					
Cargo Doors	Floats	FLIR	FM Programmable Radio:		
Amphibious Floats	Skis	ISAT	Digital	Analog	N/A
Long Range Fuel Tank	Wheel Skis	Satellite/Phone #	ELT/AFF ENTER TYPE		
Camera Port	Intercom	STOL			
Tundra Tires	Other:				

<b>RATES</b>				
Payment computed in accordance with ARA. Prices locked for minimum of one year from date of Contracting Officer signature below				

Rate Per Flight Hour	WET WITH PILOT	DRY WITH PILOT	WET WITHOUT PILOT <sup>2</sup>	DRY WITHOUT PILOT <sup>2</sup>

Fuel Cost – Used in Computing Wet Rates Offered Above:	Per Gallon	Consumption Rate:	GPH
Standby Rate Per Hour for each Aircraft (orders/flights under 24 hours)			
Extended Standby (Over 9 hours) - Pilot			
Additional Amount Per Flight Hour When Copilot is Requested:			

Contractor certifies the above listed aircraft are under Part 135/121 and that insurance coverage required under this ARA is current.

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

1. NOTE: Checking off supplement boxes does not guarantee you will be inspected or accepted for these missions. The Government shall determine which of your requested checked items if any may be inspected and carded based on the requirements of the Government.

2. WITHOUT PILOT (When requested by Government) Evidence of hull insurance to cover Government pilots is required. (Refer to Clause C8)