AQD-13 (07/2014)

REQUEST FOR CONTRACT SERVICES

RETURN COMPLETED FORM TO:

US DEPARTMENT OF THE INTERIOR INTERIOR BUSINESS CENTER ACQUISITION SERVICES DIRECTORATE DIVISION IV BRANCH III - BOISE 300 E. MALLARD DRIVE, SUITE 200 BOISE, IDAHO 83706-3991	US DEPARTMENT OF THE INTERIOR INTERIOR BUSINESS CENTER ACQUISITION SERVICES DIRECTORATE DIVISION IV BRANCH III - ANCHORAGE 4405 LEAR COURT ANCHORAGE, ALASKA 99502-1032

Interior Business Center

Questions, Call 208-433-5026
FAX: 208-433-5030

COMPLETE ALL APPLICABLE ITEMS. FOR FLIGHT SERVICE REQUEST ATTACH AQD-13A or AQD-13H QUESTIONNAIRE

1. ORDERING BUREAU/AGENCY INFORMATION

REQUESTING BUREAU :		**CONTACT :**	
ADDRESS :		**EMAIL :**	
CITY STATE ZIP :		**PHONE :**	

2. TYPE OF SERVICE REQUIRED (Check One)

☐ HELICOPTER FLIGHT SERVICE ☐ PURCHASE ☐ OTHER
☐ FIXED WING FLIGHT SERVICE ☐ MAINTENANCE

(Attach separate work statement that identifies the specific need)

3. SERVICES PROVIDED PREVIOUS YEAR BY

COMPANY NAME :
CONTRACT/TASK # :

4. DESIGNATED BASE

(If reporting/release base required, see questionnaire.)

5. USE PERIOD

 # OF CALENDAR DAYS :
EST. START DATE : **EST. END DATE :**

Number of Renewal Option Years to Include: (check one)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ NONE

6. METHOD OF MEASUREMENT AND PAYMENT

☐ Daily Availability-Exclusive Use ☐ Plus Extended standby for Crew availability Over 9 Hours Per Day
☐ Guaranteed Flight Hours-Exclusive Use ☐ Plus Extended Standby for Crew Availability Over 9 Hours Per Day
☐ On Call/Call When Needed (CWN) - No Guarantee but expected to exceed $25,000 (National CWN Medium/Heavy needs acquired by USFS)

7. Annual Guaranteed (Check One and Fill in Blank)

☐ **Annual Number of Days Guaranteed :** _____ AVAILABILITY DAYS ☐ **Annual Number of Hours Guaranteed :** _____ FLIGHT HOURS

8. GOVERNMENT COST ESTIMATE (BASE YEAR)

Estimated Days of Availability		Estimated Daily Availability Rate		$ 0.00
Estimated Flight Hours		Estimated Flight Rate Per Hour		$ 0.00
Estimated Additional Pay Items(Landing Fees, Service Truck Mileage, Out of State Fees, etc.)				
Extension: Availability/Flight Time/Additional Pay Items (If Applicable)				
			BASE YEAR TOTAL COST	$ 0.00

OPTION YEARS COST ESTIMATE (IF APPLICABLE)

		Days Available	Daily AV Rate	Flight Hours	Rate Per Hour	Extension	
Option Year 1							$ 0.00
Option Year 2							$ 0.00
Option Year 3							$ 0.00
Option Year 4							$ 0.00
6 Month Extension							$ 0.00
						OPTION YEARS TOTAL COST	$ 0.00
						GOVERNMENT TOTAL ESTIMATED COST (Required)	$ 0.00

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9. DIRECT QUESTIONS ABOUT THIS REQUEST TO

NAME :	
BUREAU :	
ADDRESS :	
CITY STATE ZIP :	
PHONE :	
FAX :	
EMAIL :	

10. CONTRACTING OFFICER'S REPRESENTATIVE (COR)

(Must meet DOI training and currency requirements)

NAME :	
BUREAU :	
ADDRESS :	
CITY STATE ZIP :	
PHONE :	
FAX :	
EMAIL :	

ADDITIONAL COMMENTS :

11. REQUISITIONED BY

NAME :	
TITLE :	

Signature / Date

12. NATIONAL/REGIONAL OFFICE CONCURRENCE

NAME :	
TITLE :	

Signature / Date

13. APPROVAL & CERTIFICATION OF FUNDING AVAILABILITY

NAME :	
TITLE :	

Signature / Date

CHECK ONE

- ☐ FUNDS ARE AVAILABLE
- ☐ FUNDS ARE AVAILABLE CONTINGENT UPON PASSAGE BY CONGRESS

BILLEE CODE:

BUREAU ACCOUNTING DATA OR CHARGE CODES :