<b>UAS-AR-13</b> (02-04)		~== ~	_ ~ ~		~ ~	_ ~ ~		
REQUEST FOR CONTRACT SERVICES								
MAIL REQUEST TO		1. ORDF	RDERING BUREAU OR OFFICE AND ADDRESS					
DEPARTMENT OF THE INTERIOR								
AVIATION MANAGEMENT (AM)								
4405 LEAR COURT								
ANCHORAGE, ALASKA 99502-1032								
FAX. NO. 907-271-4788/6080								
COMPLETE ALL APPLICABLE ITEMS AND FOR FLIGHT SERVICE REQUEST INCLUDE OAS-AR-13A or 13H								
2. TYPE OF SERVICE REQUIRED (ch		311						
Helicopter Flight Service Fixed Wing Flight Service				chase	Maintenance	Other:		
3. SERVICES PROVIDED PREVIOUS			•	CONTRACT NUMI	BER			
4. DESIGNATED BASE (If reporting/re	lease base required	d, see questi	onnaire)					
5. USE PERIOD - # OF CALENDAR DAYS START DATE						END DATE		
6. METHOD OF MEASUREMENT AN	D DA VMENT							
Daily Availability-Exclusive Use	DIAIMENI							
Guaranteed Flight Hours-Exclusive								
On-Call-Contract ( Helicopter only )								
(Attach separate work statement that is	dentifies the speci	ific need)						
Purchase Aircra	ft Maintenance			Other:				
Number of Hours Guaranteed:	Flight Hou	urs	Numb	er of Rer	newal Option Ye	ars to Include: (c	heck one)	
Number of Days Guaranteed:	Availabilit	y Days	1		□ 3 □	4 None		
7. GOVERNMENT COST ESTIMATE								
Estimated Flight Hours	X		Esti	mated Fl	ight Rate Per Ho	our	\$	0.00
Estimated Days of Availability	Х		Esti	mated D	aily Availability	Rate	\$	0.00
Estimated Miscellaneous Cost (subsistence, service truck mileage, or				it of state	e fees, etc.)		\$	
Other:								
GOVERNMENT TOTAL ESTIMATE						COST	<b>\$</b>	0.00
8. DIRECT QUESTIONS ABOUT THIS REQUEST TO						ER'S REPRESENT	- 3	
					meet DOI training a	nd currency requirem	ents)	
Name				Name				
Bureau				Bureau				
Address				Address				
City/State/Zip Code				City/State	/Zip Code			
				City/State	Zip Code			
Telephone No.				Telephone	e No.			
Faccimila No				F::1-	NI-			
Facsimile No.				Facsimile	NO.			
E-Mail Address				E-Mail A	ldress			
10. REQUISITIONED BY Name & Signature				TITLE			DATE	
Ivanie & Signature								
11. NATIONAL/REGIONAL OFFICE CONCURRENCE (as needed)				TITLE			DATE	
Name & Signature								
12. APPROVAL & CERTIFICATION OF FUNDING AVAILABILITY				TITLE			DATE	
Name & Signature								
CHECK ONE								
Billee Code: Bureau Accounting Data or Charge Code:								