

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. AOM 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):

AOM 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, AOM Division Chief, Flight Services 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. AOM 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.