

TO:	US Wildland Fire Service-Aviation Operations & Management (AOM)
THROUGH:	
FROM:	

COOPERATOR TYPE: ☐ Affiliate ☐ Military ☐ Other Government Agency ☐ Canadian Government

Name:		Phone:	
Title:		E-Mail:	
Name:		Phone:	
Title:		E-Mail:	
Name:		Phone:	
Title:		E-Mail:	

Company Name:			
Contact Name:		Phone:	
Contact Title:		E-Mail:	

[illegible]

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.