

Request for Aerial Assistance Form



The completed Request for Aerial Assistance Form must be completed and e-mailed /faxed to a local dispatch centre who will deal with administrative procedures

Person/s Responsible for payment: _____ ID No: _____	
Acting/Capacity: _____	
Contact number: _____	Land Owner: _____
E-Mail Address & Fax No: _____	Vat number: _____
GPS Coordinates: _____	
Total Resources required:	
Spotter _____	Bomber _____ Helicopter (M) _____
ASV _____	Helitack Team _____
Fire Suppression required on: (date) _____ (time) _____ (approx. hours) _____	
Dispatch Call Take Number _____	Dispatch Movement Number _____

Operations on the abovementioned property or Area.

- Indemnity: I/We the undersigned, hereby indemnifies and holds Kishugu Aviation (Pty) Ltd, Working on Fire (Pty) Ltd and subsidiaries harmless against all claims, demands, fines, penalties, actions, proceedings, judgements, damages, losses, costs, expenses or other liabilities caused whether negligently or otherwise by the non-observance or non-compliance by the organisation of his/her duties and obligations under this agreement.
- I/we confirm that suppression operations shall be performed in the presence of the landowner / lessee / nominated representative.
- If Provincial Disaster Management (PDMC) funds the first hour which was requested and approved, then the requester becomes responsible for costs thereafter.
- Should the requester require aerial support after the PDMC funded 1(one) hour, then the requester must guarantee payment or pay a deposit to Working on Fire (Pty) Ltd against which the aerial resources will continue to fight the fire until the deposit is increased or depleted. Banking details for Working on Fire is below.

Below costs valid for the period 1 December 2018 to 31 December 2018

Description	Rate per hour (excl. VAT)	SIGNATURE (Acceptance of cost)
Spotter aircraft	R 4 526.00	
AT 802 Bomber aircraft	R 27 651.00	
Medium Chopper (Huey)	R 33 019.00	
ASV per km	R 25.00	
Chemicals per litre	R 66.00	
Thrush Bomber aircraft per hour	TBA	

Requester's Name in full: _____	Requesters Signature: _____	PAOM Name: _____	PAOM Signature: _____
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Date _____ 20____ Time _____

Working on Fire Banking Details

ABSA Bank
4068161119
Branch code: 632006

DISPATCH CENTRE:

E-mail:

* The agreement is accepted with no alterations on typed fields. If alternations are made in relation typed fields inclusive of price and content, Working on Fire representative will be required to sign next to the alternations before the agreement becomes valid.