PLEASE PRINT CLEARLY AS THIS FORM IS USED AS AN INPUT DOCUMENT TO AN AUTOMATED SYSTEM

300 E. Mallard Drive, Suite 200
Boise ID 83706-3991
208-433-5020

4405 Lear Court
Anchorage AK 99502-1032
907-271-3700

846480

COMPANY NAME & ADDRESS	CONTRACT/BOA NO.	ITEM NO.	AIRCRAFT MAKE & MODEL	PILOT NAME (PIC) Print	SERV	AGMT. NO	AC CONTROL NO
Sky High Helicopters PO Box xxxx	xx-ARA-xxxx		AS 350 B2	Pat Ross			
	AIRCRAFT DESIGNATED BASE (City/St.)		AIRCRAFT FAA REGISTRATION NO	PILOT NAME (2nd PIC) Print	AGENCY ORDER NO.		
			N190SH				
TELEPHONE NO.	HIRED (Date & Time) 05/23/xx 0800		RELEASED (Date & Time) 05/23/xx 1900	OTHER CREW MEMBER			

	DATE M D Y	FAA IDENTIFIER FROM	TO	START	STOP	ELAPSED TIME OR QUANTITY	PAY ITEM CODE	PAYLOAD PAX	CARGO	PILOT INITIAL	BILLEE CODE	USE CODE	USER ORGANIZATION AND CHARGE CODES	SIGNED RECEIVED
1.	05·23 xx	CDA	SXQ	452.3	453.1	0.80	FY			PR	7729	9F	xx525-1261-0683	JD
2.	05·23 ·xx	SXQ	mile 63	453.1	453.6	0.50	FT	1	115	PR	7729	9X	xx525-1261-0683	JD
3.	05·23 ·xx	mile 63	mile 63	453.6	453.9	0.30	FT	2	60	PR	7729	9X	xx525-1261-0683	JD
4.	05·23 ·xx	mile 63	mile 63	453.9	454.7	.80	FT		1710	PR	7729	1L	xx525-1261-0683	JD
5.	05·23 ·xx	mile 63	mile 63	1130	1500	4.00	UA			PR				JD
6.	05·23 ·xx	mile 63	mile 63	456.5	457.5	1.00	FT		1710	PR	7729	1L	xx525-1261-0683	JD
7.	05·23 ·xx	mile 63	SXQ	457.5	458.2	0.70	FT	1	30	PR	7729	9R	xx525-1261-0683	JD
8.	05·23 ·xx	SXQ	CABIN	458.2	459.0	0.8	FT		975	PR	7729	1L	xx525-1261-0683	JD
9.	05·23 ·xx	CABIN	mile 63	459.0	459.2	0.20	FT	1	30	PR	7729	9X	xx525-1261-0683	JD
10.	05·23 ·xx	mile 63	CDA	459.2	459.9	0.70	FY			PR	7729	9F	xx525-1261-0683	JD

Other Charges/Credits (Add attachments if necessary)
Aircraft unavailable 1130-1500 Due to possible faulty torque Guage. Return to availability per maint. Inspector (NAME) Back at mile 63 at 1500

SB - 0800-1900 minus 7.6 hrs FT = 4 Hrs SB minus 4 hrs UA = 0 hrs SB.

1.6 hours NON-REV For Flight to base for maintenance

ORIGINAL - OAS COPY

I certify that the above record of services is correct and no payment has been received		I certify that the above services were received	AGENCY TELEPHONE NO ( ) FTS ( ) COMM 509-xxx-3125	AGENCY USFWS
SIGNATURE OF CONTRACTOR AGENT PILOT ➡ Pat Ross		SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE ➡ Jonny Doe		AGENCY ADDRESS PO Box 1234
NAME (print) Pat Ross	DATE 5/23/xx	NAME (Print) Jonny Doe	DATE 5/23/xx	

3-6-S372-HO