

# 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: _____		
<b>Total Resources required:</b>		
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 February 2019 to 28 February 2019**

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 \_\_\_\_\_

**DISPATCH CENTRE:** .....

**E-mail:** .....

**Working on Fire Banking Details**

**ABSA Bank**  
**4068161119**  
**Branch code: 632006**

\* 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.