



**STATE OF ALASKA
DIVISION OF FORESTRY
AIRCRAFT RENTAL OFFER**

DOF ISSUE DATE _____
 DATE RECEIVED _____
 RECEIVING OFFICIAL _____
 TITLE _____
 NO. _____ OF _____

Information provided herein may be utilized by the STATE for the purpose of soliciting aircraft services. No specific obligation is assumed until such time as OFFEROR is contacted, at the time terms of this offer, and of rental conditions (form 10-3134) will apply for the period of use. Submission of this completed form voids previous offers.

I. Business Name and Address of Offeror:

Company Name
 Street Address
 City, State Zip Code

Day / Night / or 24 hour phone number is helpful

Signature:

Date: 00/00/0000

Print Name/Title: Your Name, Title

Date Offer Effective: 00/00/0000
 (Until Amended or Cancelled)

II. AIRCRAFT INFORMATION: (Indicate if applicable for more than one aircraft)

| MAKE/MODEL (Registration#) | # SEATS INSURED (incl. pilot) | HOURLY RATE Specify Wet/Dry | DAILY GNTEE SGL CREW | VFR/IFR APPROVED | SPECIAL EQUIPMENT OR CONFIGURATION |
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