

TOOL 23: MOU FOR AERIAL REQUEST FOR ASSISTANCE

FIRE SUPPRESSION - AIRCRAFT & HAND CREW



This request must be sent to the Dispatch Centre or Provincial Coordinator's office to authorise the request for Assistance for FPA Members/Non-FPA Members

Client/Company Name:
Person/s Responsible for payment: ID No:
Acting/Capacity:
Contact number: VAT No:
Email Address & Fax No: Landowner:
Total Resources required:
*Spotter: *Bomber: *Helicopter:
*HSV: *WoF Ground Team:
Fire suppression required on: (date)(time) (approx. hours)
FPA Member: YES | NO FPA Number: WoF CALL TAKE NO CT:

Operations on the abovementioned property or area.

- **INDEMNITY:** I/WE the undersigned hereby indemnifies and holds Working on Fire 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 all suppression operations shall be performed in the presence of the IC/landowner/lessee/ nominated representative.
- It will be the responsibility of the IC / landowner / lessee / nominated representative to ensure that Working on Fire members are not exposed to unsafe working conditions and transport measures. Unsafe acts are prohibited as per the Veld & Forest Act 101 Of 1998.

COSTS: (Where applicable)

DESCRIPTION	RATES	SIGNATURE
Spotter aircraft per hour	R	
Bomber aircraft per hour	R	
Bomber aircraft AT802	R	
Medium helicopter per hour	R	
HSV/BSV per km	R	
Chemicals per litre	R	
Crew p/person per hour (FPA member)	R	Only Transport & Rations
Crew p/person per hour (non FPA member)	R	
Crew transport return trip from base (FPA member)	R	
Crew transport return trip from base p/km (non FPA member)	R	
Rations after 16h00 p/person p/24 hours	R	
Burning fuel per litre used	R	

NB: ALL WORKING ON FIRE COSTS ARE EXCLUSIVE OF VAT and SUBJECT TO MONTHLY RATE CHANGES PENDING ON FUEL PRICES

Signed Date: 20

Requester's Name

Name in full:

WoF Authorisation with verbal consent of the responsible person

Date: 20..... Time: