

# AERIAL WILDFIRE SUPPRESSION STATEMENT

Requesting Fire Department:	FD Officer Requesting Aerial Applicator:
Date and Time Aircraft Requested:	Date and Time Aircraft Dispatched:
Fire Location:	

Approximate Acres Burned:	Total Gallons Retardant Used:
---------------------------	-------------------------------

**COMPLETE THE FOLLOWING FOR EACH AIRCRAFT USED:**

Aircraft Registration No.:	Aircraft Load:	Total Loads:	Total Hours Flying Time:	Rate Per Hour:	Total Amount:
	Gal.		Hours	\$	\$
	Gal.		Hours	\$	\$
	Gal.		Hours	\$	\$
	Gal.		Hours	\$	\$
	Gal.		Hours	\$	\$
	Gal.		Hours	\$	\$
	Gal.		Hours	\$	\$

Total of Hours and Amount Billed →	Hours	\$
------------------------------------	-------	----

Applicator Name:		
Federal ID Number:	<b>OR</b>	Social Security Number:
Address:		
Phone:	Applicator's Signature:	
Date Submitted:	E-mail:	

- 1.) Bill the requesting fire department
- 2.) Send the original bill and this completed form to:

Nebraska Forest Service  
 PO Box 830815  
 102 Forestry Hall, UNL East Campus  
 Lincoln, NE 68583-0815



Phone: 402-472-2944  
 Fax: 402-472-2964  
 Web: nfs.unl.edu