

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 10
2. AMENDMENT/MODIFICATION NO. 000002	3. EFFECTIVE DATE 03/23/2012	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY DOI, National Business Center, AQD Division 4/Branch 1A 4405 Lear Court Anchorage AK 99502	CODE D44	7. ADMINISTERED BY (If other than Item 6) DOI, National Business Center, AQD Division 4/Branch 1 4405 Lear Ct Anchorage AK 99502	CODE D44
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x) 9A. AMENDMENT OF SOLICITATION NO. D12PS00017	
		x 9B. DATED (SEE ITEM 11) 03/08/2012	
		10A. MODIFICATION OF CONTRACT/ORDER NO.	
		10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

BLM Alaska Fire SmokeJumper New Contract CO=WATERS

LIST OF CHANGES:

Solicitation D12PS00017 is hereby amended as follows;
 Change the due date for responses from 3/29/2012 to 3/30/2012.
 Replace page 6 with attached page -Section A1 Item 1 - Changing the date listed from 7 May 2012 through 5 August 2012 to 7 May 2012 through 4 August 2012.
 Replace pages 8 and 9 with attached pages - Section A2 Price Schedule - Changing the date listed for Item 1 from 7 May 2012 through 5 August 2012 to 7 May 2012 through 4 August 2012. Change the stated Daily Availability Quantity from 120 to 90.
 Replace pages 76-79 with the attached pages 76-80 - Correcting the information on the existing Aircraft Questionnaire making it specific to item 1 and adding an additional
 Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		V. Michele Waters	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

D12PS00017/000002

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Aircraft Questionnaire for item 2. All other terms and conditions remain unchanged Period of Performance: 04/23/2012 to 04/22/2013				

SECTION A - REQUIREMENTS AND PRICES

SCHEDULE OF SUPPLIES/SERVICES

A1. ITEM 1

ITEM DESCRIPTION

<u>Aircraft Required:</u>	Turbine-powered multiengine land airplane equipped as specified in Section B for smokejumper operations.
<u>Bureau:</u>	Bureau of Land Management (BLM)
<u>Crew Complement Required:</u>	Pilot-in-command (PIC), second-in-command (SIC) if required by make and model offered, relief PIC, relief SIC and onsite mechanic.
<u>Designated Base:</u>	Ft. Wainwright, AK
<u>Performance Period:</u>	7 May 2012 through 4 August 2012 Four (4) renewal option years
<u>Minimum Aircraft Requirements:</u>	Must have a Standard Airworthiness Certificate. Aircraft certified under 14 CFR 23 or 25. An aircraft make and model for which engineering and logistical support, for continued airworthiness, is provided from the current type certificate holder or supplemental type certificate holder. VFR/IFR, Day/Night, known ice certified. Payload 4,000 pounds. Endurance (3) hours at maximum cruise power with 4,000-pound payload, 200 pounds per required pilot, and 25-pound survival kit. Capable of operating as configured above from 3,000-foot gravel runway at 500 feet pressure altitude and 20° Celsius. Cruise airspeed of at least 180 knots true airspeed at optimum altitude. 0.6% Positive single engine climb as configured above. Seating for nine (9) passengers quick removable or eight (8) smokejumpers (quick-removable Government-furnished-equipment (GFE) Simula seats) and two spotters. Side-facing exit aft of main landing gear with FAA approval for in-flight opening of this exit door. Aft-facing rear ramp/door with FAA approval for in-flight opening of this ramp/door and floor roller track for deploying palletized paracargo. Interagency Smokejumper Aircraft Screening and Evaluation Board (SASEB) approved.
<u>Target Aircraft:</u>	Casa 212-200/300 or equivalent.

SECTION A - REQUIREMENTS AND PRICES

A2 Item 0001 Pricing

Complete shaded areas only.

DESIGNATED BASE Ft. Wainwright, AK	EXCLUSIVE USE PERIOD 90 calendar days	START DATE: May 7, 2012 END DATE: August 4, 2012
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OFFEROR NAME		
AIRCRAFT FOR THIS PRICING SCHEDULE	Make/Model	FAA Registration #

ITEM	DESCRIPTION	PAY ITEM CODE	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
2012 1.a.	1st YEAR – May 7 – Aug 4, 2012 Guaranteed Availability	AV	90	DAYS	\$	\$
1.b.	Price per flight hour for estimated flight hours (Dry)	FD	ESTIMATED 250	FLIGHT HOURS	\$	\$
1.c.	Additional Pilot-Estimated	AC	ESTIMATED 15	DAYS	\$	\$
1.d.	Mechanic-Estimated	MC	ESTIMATED 15	DAYS	\$	\$
BASE YEAR – ESTIMATED TOTAL – 1st year, 2012						\$

2013 2.a.	2nd YEAR – May 7 – Aug 4, 2013 Guaranteed Availability	AV	90	DAYS	\$	\$
2.b.	Price per flight hour for estimated flight hours (Dry)	FD	ESTIMATED 250	FLIGHT HOURS	\$	\$
2.c.	Additional Pilot-Estimated	AC	ESTIMATED 15	DAYS	\$	\$
2.d.	Mechanic -Estimated	MC	ESTIMATED 15	DAYS	\$	\$
1st OPTION YEAR – ESTIMATED TOTAL – 2nd YEAR, 2013						\$

SECTION A - REQUIREMENTS AND PRICES

2014 3.a.	3rd YEAR – May 7 – Aug 4, 2014 Guaranteed Availability	AV	90	DAYS	\$	\$
3.b.	Price per flight hour for estimated flight hours (Dry)	FD	ESTIMATED 250	FLIGHT HOURS	\$	\$
3.c.	Additional Pilot-Estimated	AC	ESTIMATED 15	DAYS	\$	\$
3.d.	Mechanic-Estimated	MC	ESTIMATED 15	DAYS	\$	\$
2nd OPTION YEAR – ESTIMATED TOTAL – 3RD YEAR, 2014						\$

2015 4.a.	4th YEAR – May 7 – Aug 4, 2015 Guaranteed Availability	AV	90	DAYS	\$	\$
4.b.	Price per flight hour for estimated flight hours (Dry)	FD	ESTIMATED 250	FLIGHT HOURS	\$	\$
4.c.	Additional Pilot-Estimated	AC	ESTIMATED 15	DAYS	\$	\$
4.d.	Mechanic-Estimated	MC	ESTIMATED 15	DAYS	\$	\$
3rd OPTION YEAR – ESTIMATED TOTAL – 4th YEAR, 2015						\$

2016 5.a.	5th YEAR – May 7 – Aug 4, 2016 Price per day for availability	AV	90	DAYS	\$	\$
5.b.	Price per flight hour for estimated flight hours (Dry)	FD	ESTIMATED 250	FLIGHT HOURS	\$	\$
5.c.	Additional Pilot-Estimated	AC	ESTIMATED 15	DAYS	\$	\$
5.d.	Mechanic -Estimated	MC	ESTIMATED 15	DAYS	\$	\$
4th OPTION YEAR – ESTIMATED TOTAL – 5th YEAR, 2016						\$

ITEM 1 - ESTIMATED TOTAL PRICE – FIVE YEARS						\$
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SECTION E – OFFEROR’S REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

**ITEM 1
AIRCRAFT QUESTIONNAIRE**

You may recreate this form but it must include all the information listed This Questionnaire completely and accurately completed will be used to determine your aircraft payload capability.

REPRODUCE AND SUBMIT FOR EACH AIRCRAFT OFFERED - COMPLETE SHADED BLOCKS

Minimum Aircraft Requirements: Must have a Standard Airworthiness Certificate. Aircraft certified under 14 CFR 23 or 25. An aircraft make and model for which engineering and logistical support, for continued airworthiness, is provided from the current type certificate holder or supplemental type certificate holder. VFR/IFR, Day/Night, known ice certified. Payload 4,000 pounds. Endurance (3) hours at maximum cruise power with 4,000-pound payload, 200 pounds per required pilot, and 25-pound survival kit. Capable of operating as configured above from 3,000-foot gravel runway at 500 feet pressure altitude and 20° Celsius. Cruise airspeed of at least 180 knots true airspeed at optimum altitude. 0.6% Positive single engine climb as configured above. Seating for nine (9) passengers quick removable or eight (8) smokejumpers (quick-removable Government-furnished-equipment (GFE) Simula seats) and two spotters. Side-facing exit aft of main landing gear with FAA approval for in-flight opening of this exit door. Aft-facing rear ramp/door with FAA approval for in-flight opening of this ramp/door and floor roller track for deploying palletized paracargo. Interagency Smokejumper Aircraft Screening and Evaluation Board (SASEB) approved.			
Aircraft Make and Model	FAA Registration #	Serial #	# of Insured Passenger Seats (excludes pilot seat)
Aircraft Equipped Weight (Your aircraft weight & balance report & equipment list will be used to substantiate this weight – see note 1. below)			
Currently Installed Aircraft Equipment to be Removed to Achieve Offered Payload Below (If none, indicate NONE)		Equipment to be Added to Meet the Aircraft Specifications Requirements (If none, indicate NONE)	
EQUIPMENT ITEM	WEIGHT	EQUIPMENT ITEM	WEIGHT
ENTER YOUR PROPOSED AIRCRAFT PAYLOAD (The aircraft make, model and payload that we confirm with you will be made a part of your offer and will be binding if your offer is accepted for award)			

NOTE

- 1. By signing below, I acknowledge that I have included the aircraft’s**
 - (1) Latest aircraft weight and balance report,
 - (2) Aircraft equipment list,
 - (3)

Failure to include the above information, will effect the evaluation you receive for your aircraft.

- 2. By signing below, I certify to the best of my knowledge that the above information is accurate.**

Name and Signature of Representative Completing this Form	Date
OFFEROR’S NAME	

SECTION E – OFFEROR’S REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

**ITEM 2
AIRCRAFT QUESTIONNAIRE**

You may recreate this form but it must include all the information listed This Questionnaire completely and accurately completed will be used to determine your aircraft payload capability.

REPRODUCE AND SUBMIT FOR EACH AIRCRAFT OFFERED - COMPLETE SHADED BLOCKS

Minimum Aircraft Requirements: Must have a Standard Airworthiness Certificate. Aircraft certified under 14 CFR 23 or 25. An aircraft make and model for which engineering and logistical support, for continued airworthiness, is provided from the current type certificate holder or supplemental type certificate holder. VFR/IFR, Day/Night, known ice certified. Payload 3,400 pounds. Endurance (2.5) hours at maximum cruise power with 3,400-pound payload, 200 pounds per required pilot, and 25-pound survival kit. Capable of operating as configured above from 3,000-foot gravel runway at 500 feet pressure altitude and 20° Celsius. Cruise airspeed of at least 190 knots true airspeed at optimum altitude. 0.6% positive single engine climb as configured above. Seating for nine (9) passengers quick removable or eight (8) smokejumpers (quick-removable GFE Simula seats) and one spotter. Side-facing exit aft of main landing gear with FAA approval for in-flight opening of this exit door. Interagency Smokejumper Aircraft Screening and Evaluation Board (SASEB) approved. .			
Aircraft Make and Model	FAA Registration #	Serial #	# of Insured Passenger Seats (excludes pilot seat)
Aircraft Equipped Weight (Your aircraft weight & balance report & equipment list will be used to substantiate this weight – see note 1. below)			
Currently Installed Aircraft Equipment to be Removed to Achieve Offered Payload Below (If none, indicate NONE)		Equipment to be Added to Meet the Aircraft Specifications Requirements (If none, indicate NONE)	
EQUIPMENT ITEM	WEIGHT	EQUIPMENT ITEM	WEIGHT
ENTER YOUR PROPOSED AIRCRAFT PAYLOAD (The aircraft make, model and payload that we confirm with you will be made a part of your offer and will be binding if your offer is accepted for award)			

NOTE

1. By signing below, I acknowledge that I have included the aircraft's

- (1) Latest aircraft weight and balance report,
- (2) Aircraft equipment list,

Failure to include the above information, will effect the evaluation you receive for your aircraft.

2. By signing below, I certify to the best of my knowledge that the above information is accurate.

Name and Signature of Representative Completing this Form	Date
OFFEROR'S NAME	

SECTION E – OFFEROR’S REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS



**Department of the Interior
Aviation Management**



Contract No. _____

INTERAGENCY AIRPLANE PILOT QUALIFICATIONS AND APPROVAL RECORD

Rental Agreement No. _____

Name:	Last	First	MI		Home Telephone
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Home Address _____ City, State & Zip Code _____

Employed By	Address	Telephone	Employed Since
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Previous Employer	Address	Telephone	Period Employed
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Medical Certificate: Class _____ Date _____ Limitations _____	Airman Certificate No. _____ ATP _____ Coml _____ Instrument _____ SEL _____ MEL _____ SES _____ MES _____ CFI _____ Type Ratings _____	Aircraft To Be Flown on This Contract	Total PIC Hours in Make/Model
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Total Pilot Time	
Pilot-In-Command (PIC) Airplane	
PIC Single-Engine Airplane	
PIC Multiengine Airplane	
PIC Seaplane	
PIC Cross-Country	
PIC Night	
Instrument Simulator or "Hood"	
PIC "Actual Weather"	
PIC Turbo Prop Airplanes	
PIC Jet Airplanes	
PIC Turbine-Powered Airplane	
PIC Airplane: Last 12 Months	
PIC Airplane: Last 60 Days	
PIC Fire Surveillance: Opns.	
PIC "Low-Level" Opns. (<500' AGL)	
PIC "Animal/Fowl Surveillance" Opns	
PIC Airplane over 12,500# Gr. Wt.	
PIC "Typical Terrain" (Over Mtns., etc.)	
PIC Airtanker/Dispensing Opns	
Takeoff/Landings Last 90 Days	
Night Takeoff/Landings Last 90 Days	

Other Aircraft for Which Pilot is Current for Part 135 Operations:
Make/Model _____
Total PIC: _____

PART 135 FLIGHT CHECK (Attach info Copy(s))
(135 Flight Checks Must Cover Type of Operations Required by Contract)

Date	Make/Model Aircraft	Total PIC (in Make/Model)	Type Flight Check			
_____	_____	_____	VFR <input type="checkbox"/>	IFR <input type="checkbox"/>	IFR W/AP <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	VFR <input type="checkbox"/>	IFR <input type="checkbox"/>	IFR W/AP <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	VFR <input type="checkbox"/>	IFR <input type="checkbox"/>	IFR W/AP <input type="checkbox"/>	<input type="checkbox"/>

Date of Previous Agency Card Approval AMD: _____ USFS: _____	Aircraft Accidents/FAA Violations Last 5 Years <input type="checkbox"/> No/ <input type="checkbox"/> Yes// (Attach Date and Explanation)
Date of Last Agency Flight Check AMD: _____ USFS: _____	Previous AMD or USFS Card Denied, Suspended, or Revoked? <input type="checkbox"/> No/ <input type="checkbox"/> Yes (Attach Explanation)

Airtanker Operations Only:
Date Last PIC IFR Check in Type _____ Date Last FAR 61.55 Copilot Check _____

I certify that the information listed on this form is true and correct. In addition, I certify that I have read the statements on the back of this form covering information pursuant to Public Law 93-579 (Privacy Act of 1974).

Date _____ Signature of Pilot _____

Special Use Operations

- Duty Approved For: (Inspector shall initial.)
- _____ Low-Level (Less Than 500 Ft Above the Surface) (6D)
 - _____ Animal/Fowl, Surveillance/Control
 - _____ Mtn. Flying-Unimproved Strips (9A)
 - _____ Snow (Ski) Operations (4)
 - _____ Recon (USFS)

For Inspector's Use Only

- _____ Airtanker Pilot (AT)
- _____ Airtanker Pilot, "Initial Attack" (1A)
- _____ Airtanker Copilot (CP)
- _____ Agriculture Application
- _____ Other _____
- _____ Fire Surveillance
- _____ Smokejumper (2E)
- _____ Paracargo (9E)
- _____ Aerial Ignition (8)
- _____ Other _____

Authorized Operations

SEL _____ SES _____ MEL _____ MES _____ IFR, W/CP _____ IFR, Single Pilot _____

Make/Model (Type) Aircraft	Inspector's Signature	Agency	Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks: _____

SECTION E – OFFEROR’S REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

REFERENCE QUESTIONNAIRE

You may recreate this form but it must include all the information listed

If you fail to include all requested information or we are unable to contact your references based on the information you provide, you may not receive consideration for the work done. Include recent (not more than 3 years old) experience of the kind described in paragraph B1.1 of the specifications.

OFFEROR NAME:			DATE		
Primary Type of Work Done:					
Location of Work Done:			A/C Make/Model Used:		
Contract #: <input type="checkbox"/> None	<input type="checkbox"/> Exclusive Use <input type="checkbox"/> Call When Needed	Use Dates: _____ TO _____		CHECK ALL THAT APPLY <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009	
Est. Annual Value of Work:	Estimated Annual Flight Hours:	Client Name/ Point of Contact:			
Client Telephone #:			Client Facsimile #:		
Primary Type of Work Done:					
Location of Work Done:			A/C Make/Model Used:		
Contract #: <input type="checkbox"/> None	<input type="checkbox"/> Exclusive Use <input type="checkbox"/> Call When Needed	Use Dates: _____ TO _____		CHECK ALL THAT APPLY <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009	
Est. Annual Value of Work:	Estimated Annual Flight Hours:	Client Name/ Point of Contact:			
Client Telephone #:			Client Facsimile #:		
Primary Type of Work Done:					
Location of Work Done:			A/C Make/Model Used:		
Contract #: <input type="checkbox"/> None	<input type="checkbox"/> Exclusive Use <input type="checkbox"/> Call When Needed	Use Dates: _____ TO _____		CHECK ALL THAT APPLY <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009	
Est. Annual Value of Work:	Estimated Annual Flight Hours:	Client Name/ Point of Contact:			
Client Telephone #:			Client Facsimile #:		
Primary Type of Work Done:					
Location of Work Done:			A/C Make/Model Used:		
Contract #: <input type="checkbox"/> None	<input type="checkbox"/> Exclusive Use <input type="checkbox"/> Call When Needed	Use Dates: _____ TO _____		CHECK ALL THAT APPLY <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009	
Est. Annual Value of Work:	Estimated Annual Flight Hours:	Client Name/ Point of Contact:			
Client Telephone #:			Client Facsimile #:		
Primary Type of Work Done:					
Location of Work Done:			A/C Make/Model Used:		
Contract #: <input type="checkbox"/> None	<input type="checkbox"/> Exclusive Use <input type="checkbox"/> Call When Needed	Use Dates: _____ TO _____		CHECK ALL THAT APPLY <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009	
Est. Annual Value of Work:	Estimated Annual Flight Hours:	Client Name/ Point of Contact:			
Client Telephone #:			Client Facsimile #:		
Primary Type of Work Done:					
Location of Work Done:			A/C Make/Model Used:		
Contract #: <input type="checkbox"/> None	<input type="checkbox"/> Exclusive Use <input type="checkbox"/> Call When Needed	Use Dates: _____ TO _____		CHECK ALL THAT APPLY <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009	
Est. Annual Value of Work:	Estimated Annual Flight Hours:	Client Name/ Point of Contact:			
Client Telephone #:			Client Facsimile #:		