

**DOD STATEMENT OF INTENT**

*(To Provide Airlift Services to the Department of Defense)*

OMB NUMBER: 0701-0137

EXPIRES: ~~2012~~20734

The public reporting burden for this collection of information is estimated to an average 20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services (WHS), Directorate for Information Operations and Reports (DIOR), (0701-0137), 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provisions of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **NOTE:** Do not return your form to the above address. Return completed form to HQ AMC/A3B, 402 Scott Drive, Unit 3A1, Scott AFB IL 62225-5302.

**SECTION I. GENERAL INFORMATION**

The general purpose of this form is to assist Headquarters Air Mobility Command (HQ AMC) in the overall evaluation of commercial airlift procured by the Department of Defense (DOD). This document is intended to aid in the evaluation of air carrier acceptability for airlift contracts and agreements. This document is not designed to be all inclusive, but rather to serve as a tool to be used by DOD inspection and safety activities in the early phases of the procurement process. We recognize that the breadth of information provided will vary according to the complexity of the proposed operations and size of carrier.

CARRIER NAME	ADDRESS	DATE COMPLETED

**SECTION II. MANAGEMENT**

a. Key Management Personnel *(Please attach a brief resume)*

NAME	TITLE	PHONE, FAX, OR EMAIL	DATE OF EMPLOYMENT

b. Briefly describe company's internal audit program or other method capable of identifying in-house deficiencies, including operational and maintenance areas audited, personnel performing audits, and audit frequency. *(Attach sample documentation to track accomplishment and discrepancy followup.)*

c. Briefly describe company's flight safety program, to include safety points of contact and lines of communication.

**SECTION III. FLIGHT OPERATIONS:** *(Use an "A" if presently approved, "S" if you are seeking approval.)*

Part 135	Aerial surveillances or photography
Part 121	Aeromedical services
Part 133	General Services Administration city pairs
Domestic carrier operations	HAZMAT authorization
Flag carrier operations	On-demand air taxi services
Supplemental carrier operations	Category II instrument approach and landing operations
Long-range international operations	Category III instrument approach and landing operations
Short-range international operations	Single pilot-in-command operations
Passengers only	Individually ticketed DOD passengers
Passengers and cargo	Whole planeload DOD charter flights
Cargo only	Continued Next Page

<b>SECTION III. FLIGHT OPERATIONS: (Continued)</b>				
	Scheduled military channel operations		Block seat sales to the DOD	
	Operations into areas of magnetic unreliability		Civil Reserve Air Fleet (Check)	Stage I    Stage II    Stage III
	Extended Range Operations with Twin-Engined Airplanes (ETOPS)		Other:	
	North Pacific Operations (NOPAC)			
	Central Pacific Operations (CEPAC)			
	North Atlantic Operations (NAT)			
	Operations with autopilot in lieu of second-in-command			
<b>SECTION IV. AIRCRAFT DATA.</b> (If you fly large cargo aircraft, can they accommodate the 463L pallet (88 inches by 108 inches) Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes", how high can the pallets be built to fit in your aircraft?) _____				
a. Number and types of aircraft you operate and are presently on your operations specifications.				
MAKE, MODEL, SERIES	PAYLOAD: CARGO (PAX) / RANGE	OWNER	NUMBER OF AIRCRAFT TYPE	
b. Number and types of aircraft you would like to operate for the DOD (Aircraft must be approved by the FAA FSDO, on your operations specifications, and available for DOD inspection at the time of airlift capability survey. For AMC Contracts, see solicitation for further clarification.)				
MAKE, MODEL, SERIES	PAYLOAD: CARGO (PAX) / RANGE	OWNER	NUMBER OF AIRCRAFT TYPE	
c. Provide performance data on aircraft offered for DOD service. Include basic aircraft operating weight, maximum ramp weight, maximum payload weight, fuel burn rates, range, etc. For fixed-wing aircraft capable of transporting at least 75% of their maximum payload weight a minimum of 1500 NMs, submit the data on the HQ AMC Form 82 (MS Excel Version) and HQ AMC Form 83 (MS Excel Version) available at <a href="http://www.amc.af.mil/library/businesscustomers.asp">http://www.amc.af.mil/library/businesscustomers.asp</a> ; also provide a certified flight plan conforming to the requirements specified in paragraph 4.e. of the "Instructions for HQ AMC Forms 82 and 83". (Attach to the Statement of Intent.)				
<b>SECTION V. GEOGRAPHIC AND CLIMATOLOGICAL DATA</b> (Check the geographic area of operations/climates in which you intend to operate for the DOD)				
Extended Overwater	Continental US	Asia	Desert	
North Atlantic	Europe, Africa, and Middle East	Central and South America	Arctic	
North Pacific	Alaska	Tropical	Mountainous	
a. Have you performed service continuously for the past 12 months along a comparable route structure? (If yes, please provide documentation to show 12 months of continuous service. Attach additional documentation as required.) YES <input type="checkbox"/> NO <input type="checkbox"/>				
SERVICE/ROUTE	TYPE AIRCRAFT	NUMBER MONTHS OF ROUTE OPERATION	APPROXIMATE NUMBER OF FLIGHTS PER MONTH	
b. For international routes, how many hours of international operations have you flown during the preceding 12 months over routes similar to the service sought by the DOD? _____ Were these hours flown under your current certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<b>SECTION VI. CREW MEMBERS</b> (Excluding management)				
QUALIFICATION	TOTAL NUMBER	INTERNATIONALLY QUALIFIED	NUMBER WITH MILITARY RESERVE/NATIONAL GUARD	
CAPTAINS				
FIRST OFFICERS				
SECOND OFFICERS				
FLIGHT ATTENDANTS				
<b>SECTION VII. PRIMARY AIRCREW TRAINING FACILITIES AND VENDORS</b>				
TYPE OF TRAINING	LOCATION	VENDOR		
a. Will the service you anticipate performing for the DOD require any additional aircrew training events or programs? If so, briefly explain.				

**SECTION VIII. MAINTENANCE**

QUALIFICATION	TOTAL NUMBER	NUMBER FULL-TIME	NUMBER PART-TIME
A & P			
RII / IA			
OTHER			

a. Primary aircraft overhaul / engine maintenance vendors

TYPE OF SERVICE	LOCATION	VENDOR

b. Location and description of maintenance facilities, including line stations. Include company-owned and/or major contracted maintenance.

c. Describe your documented quality assurance programs: (1) Internal audits. (2) Vendor audits. (3) Mechanical performance monitoring. (4) Tool/test equipment calibration tracking. NOTE: Please include copies of your internal/vendor audit schedules.

d. Describe your training program for: (1) Mechanic indoctrination to company policies and procedures, (2) Aircraft Systems, (3) List all initial and recurrent training, (4) Training for any contract personnel, (5) Inspector initial/recurrent training.

e. Describe your reliability program.

f. Type of maintenance programs.

g. Are you an FBO/repair station? If so, please describe authorization. If you use contracted fuel, please describe your fuel vendor audit process.

h. Describe your off-line fuel quality assurance inspection/documentation procedures. Where are these published?

i. Will the service you anticipate performing for the DOD require an expansion of your aircraft maintenance capability? If so, briefly explain.

j. Describe your maintenance and company manuals revision and tracking processes (e.g., computerized, manual, combination computerized/manual, etc).

k. Describe your recordkeeping programs (e.g. computerized, manual, etc.)

**SECTION IX. SUPPLY**

a. Number and types of line items. Please describe receiving, inspection and shelf life monitoring programs.

b. Number of spare engines.

c. Do you carry fly-away kits? (If so, list type of items - pumps, tires, brakes, etc.)

**SECTION X. FINANCIAL:** Failure to provide the requested financial information could result in the company not being approved as a DOD carrier.

a. Please provide financial statements, including balance sheets, income statements, and statements of change in financial position (*or statement of cash flow*) the last two fiscal years and year-to-date information. What was the amount of your total revenues for your most recent fiscal year end? If any of that revenue was from DOD business, indicate amount and procuring activity.

b. Are there any bankruptcies, mergers, divestitures, or acquisitions planned?

c. Within the past 10 years, has the company ever declared bankruptcy? If so, briefly explain.

d. If your company is privately owned, please give names and percentage of ownership. If owned by another privately held company, please detail its ownership. You may be asked to provide financial statements (*i.e., balance sheet, profit and loss*) of the company owner(s) at a later date.

e. Is there any significant litigation against your company which could affect its overall financial or operational health?

f. Do you anticipate operating for the DOD as a joint venture with other carriers?

**SECTION XI. PAST PERFORMANCE**

a. Within the past 5 years, have any key company personnel been arrested, indicted, convicted, or had an FAA license suspended, surrendered, or revoked? If so, briefly explain circumstances.

b. Within the past 5 years, have you ever defaulted on a contract with the Federal Government? If so, please provide a brief explanation and point of contact.

c. Please list any other air transportation contracts you have with the Federal Government.

AGENCY	TELEPHONE	CONTRACT	TYPE SERVICE

d. Please provide, as reference, a list of your principal commercial customers, especially those using the services you propose providing to the DOD.

FIRM'S NAME	ADDRESS	PHONE	CONTACT

e. Provide the total number of departures for the last four calendar years, by certificate type.

YEAR	PART 121	135	OTHER OPERATIONS	TOTAL DEPARTURES

**SECTION XII. FAA SAFETY REGULATION**

a. When did you receive your operating certificate? What is your certificate number?

b. Has the operating certificate ever been suspended or revoked? If so, explain.

c. Are all of the authorizations in your "Ops Spec" active? If some have been inactive for more than 12 months, please explain.

d. What is the address of your FAA certificate holding office and the names and telephone numbers of your principal aviation safety inspectors?

ADDRESS

OPERATIONS

TELEPHONE

AIRWORTHINESS

TELEPHONE

AVIONICS

TELEPHONE

e. List all aircraft accidents as defined by NTSB 830 in the last four years. Include date, location, type of aircraft, type of operation (i.e., Part 121, Part 135, Part 91), number of fatalities, and extent of damage.

f. Do you have any open Enforcement Investigation Reports (EIR) with the FAA? If so, briefly explain their nature and your company's position.

g. Will the operations you plan on performing for the DOD require any changes to your FAA operating specifications?

ADDITIONAL COMMENTS: (Comments you wish to make about your company or its health.)