

**NOTICE OF CREW CHANGE**

**To: Aviation Services, Forest Management Division  
FAX: (867) 872-2148**

Company Name: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_  
(please print)

Signature of Authorized Representative: \_\_\_\_\_

Contract Number: \_\_\_\_\_

The following crew meet the specification for flight and maintenance crews as required by the contract or Forest Management' Standing Offer Agreement (SOA).

We hereby give notice of no less than forty-eight (48) hours in advance that a crew change will take place as follows:

Effective Date: \_\_\_\_\_

Pilot Name: \_\_\_\_\_ to replace Pilot:  
\_\_\_\_\_

License Number: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ to replace Engineer:  
\_\_\_\_\_

License Number: \_\_\_\_\_

Remarks:  
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