



CROSS BORDER AIRTANKER REQUEST FORM

Provincial Airtanker Centre

COORDINATION OFFICER: (250) 312-3029

DATE: _____

CENTRAL DISPATCH #: (250) 312 - 3030

BC RP #: _____

CENTRAL DISPATCH FAX #: (250) 554-5832

AGENCY FIRE #: _____

• **REQUIRED INFORMATION:**

REQUESTING AGENCY: _____ CONTACT #: _____

LAT/LONG: _____ GEOGRAPHIC: _____

GROUND CONTACT FREQ: _____ CALL SIGN: _____

RADIO FREQUENCIES: Air to Air: _____ Ground to Air (Rx): _____ Tone: _____

OTHER AIRCRAFT: _____ Ground to Air (Tx): _____

• **OTHER INFORMATION IF AVAILABLE :**

FUEL TYPE: _____ FIRE SIZE: _____

FIRE BEHAVIOUR: _____ WIND: _____

ELEVATION: _____ VALUES: _____

• **ADMINISTRATION INFORMATION:**

AGENCY PHONE #: _____ AGENCY FAX #: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

• **ADDITIONAL COMMENTS:**

Email back to: PATC@gov.bc.ca