

**CALIFORNIA DEPARTMENT OF FORESTRY
AND FIRE PROTECTION**

INCIDENT=AIRCRAFT CERTIFICATION (8300)

Date of Operation _____

Incident # _____

Incident Name _____

Request # _____

Responding Agency Aircraft ID _____

FAA No. _____

FLIGHT OPERATIONS CONDUCTED (Check where appropriate):

Initial Attack

Helicopter

Extended Attack

Airplane

Respond with crew

Water dropping

Smoke Investigation

Recon

Lightning detection

Crew shuttling

Aerial firing operations

Air operations coordination

Firefighting medevac

Civilian medevac

Others: _____

SIGNIFICANT OR IMMINENT THREAT (Check where appropriate):

Death

Serious Injury

Damage to property

Damage to natural resources

PRIVATE SECTOR SERVICES AVAILABILITY (check where appropriate):

Not capable of meeting operational needs

No aircraft available

No aircraft available in a timely manner

Certifying Person:

Name _____

Title _____

Agency _____

Date _____

Person Receiving Information:

Name _____

Title _____

Agency _____

Date _____