



# DOMESTIC MARIJUANA ERADICATION PROGRAM 2012 AIRCRAFT SUPPORT INFORMATION FORM



**AGENCY:** \_\_\_\_\_

**DESCRIPTION OF AIRCRAFT:** \_\_\_\_\_

**HOURLY OPERATING EXPENSE FOR THIS AIRCRAFT:** \$ \_\_\_\_\_

By submitting this Aircraft Support Information Form, the agency identified above agrees to support and participate in Florida's Domestic Marijuana Eradication (DME) Program, by providing air support for the following counties/agencies:

\_\_\_\_\_  
\_\_\_\_\_

Aircraft expenses are normally reimbursed at the rate of \$500.00 per hour. In order to be eligible for reimbursement of aircraft expenses, OALE must be notified PRIOR to conducting any aerial mission in order to pre-approve the reimbursement request. Additionally this form MUST be on file with OALE, and all reimbursement requests for flight hours MUST be received by OALE within 10 days of the last date of the mission. Failure to notify OALE prior to an aerial mission may result in refusal to reimburse related expenses. Reimbursement requests will be evaluated on a case-by-case basis.

\_\_\_\_\_  
(Signature of Agency's representative)

\_\_\_\_\_  
(Typed Name of Agency's representative)

\_\_\_\_\_  
(Mailing Address of Agency)

\_\_\_\_\_  
(Contact Telephone Number)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
(Date)

**Please submit completed form to OALE:**  
Fax Number 850-245-1330  
Email: **Judith.Ivester@FreshFromFlorida.com**