



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Office of Agricultural Law Enforcement



**DOMESTIC MARIJUANA ERADICATION PROGRAM
AIRCRAFT SUPPORT INFORMATION FORM**

AGENCY NAME:			
DESCRIPTION OF AIRCRAFT:			
HOURLY OPERATING EXPENSE FOR DESCRIBED 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 \$950.00 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.

Name of Agency's Representative (Please Print):			
Signature of Agency's Representative:			
Date:			
Agency's Mailing Address:			
Contact Telephone Number:			
Contact Email Address:			

PLEASE SUBMIT COMPLETED FORM TO: OFFICE
OF AGRICULTURAL LAW ENFORCEMENT
Fax: 850-245-1330; Email: DME@FDACS.gov