

	STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES		POLICY AND PROCEDURE NUMBER DPOL 02.01.030	PAGE 1 of 3
	Policy and Procedure		EFFECTIVE DATE July 26, 1995	
SUBJECT Use of Privately Owned Aircraft		SUPERSEDES DPOL 02.01.030	DATED 2/3/93	
TITLE Administration	CHAPTER General Administration	APPROVED BY <p style="text-align: center;">Signature on File</p>		

PURPOSE

To establish the policy concerning use of privately owned aircraft for department business.

POLICY

It is the policy of this department that:

- 1) Pilot Qualification Certification shall be submitted for approval before any flights are considered;
- 2) Authorization for use of privately owned aircraft shall require completion of the AAM 06.090 requirements, including obtaining trip coupons to cover flights and prior written approval;
- 3) The reimbursement rate for use of privately owned aircraft is the current rate listed in either the employee's collective bargaining agreement or the Alaska Administrative Manual (AAM 60.090) or, if lower, the commercial rate to the same destination.
- 4) IFR and night VFR flights are prohibited unless:
 - a) The pilot possesses a current Instrument Rating;
 - b) The aircraft is properly instrumented and certificated for instrument flight; and
- 5) Flight into forecast, known, or reported icing conditions is prohibited;
- 6) Aircraft cannot be declared for "Public Use";
- 7) No passengers except State employees on State business are allowed;

- 8) Side trips for personal use while on state time are prohibited;
- 9) Cargo carried aboard aircraft must be related to State use or normal personal baggage of the pilot or passengers;
- 10) Immediately following the completion of an approved trip, a report shall be made to the Department in writing briefly describing the purpose of the flight and time or cost saving to the State over the next best mode of transportation. This report shall be attached to the voucher claiming reimbursement; and
- 11) A Federal Aviation Administration Flight Plan (Form 7233-1) shall be completed and filed by the pilot in command with the appropriate Flight Service Station (FSS) before departure. Flight plans shall be filed by telephone or interphone, by radio when airborne, or by personal visit to the FSS. The pilot in command shall receive departure, enroute and destination weather briefing from the FSS before departing.

AUTHORITY

AAM 60.090, AAM 60.120

IMPLEMENTATION RESPONSIBILITY

The Commissioner, Deputy Commissioners, and System/Regional Directors.

ATTACHMENT A

PILOT QUALIFICATION CERTIFICATION

I certify that I hold a valid Pilot's License and that I meet or exceed the minimum pilot qualifications listed below. I will only carry State employee passengers while on State business. I further certify that at all times I am subject to all federal, State, and local laws and regulations governing operation of aircraft and that the aircraft will not be declared for "Public Use."

I certify that I meet Pilot warrantee (check one or both) A _____ B _____

- A. As respects multi-engine aircraft, a pilot must possess a commercial pilot certificate or better, a multi-engine rating with appropriate land/sea designation, a minimum of 1,500 total flying hours with a minimum of 250 multi-engine hours and checked out in the model aircraft being flown by an appropriately rated pilot.

- B. As respects single engine aircraft, a pilot must possess a private pilot certificate or better, appropriate single-engine land/sea designation, a minimum of 200 total hours which include 100 hours as a pilot in command in the State of Alaska and checked out in the model aircraft being flown by an appropriately rated pilot.

I agree that the State shall not be liable for maintenance, repairs, or hull damage incurred during the use of a private aircraft on State business, and that the State shall not be liable for any cost for search and rescue procedures due to my failure to report or cancel the flight plan within 1/2 hour after the Estimated Time of Arrival (ETA).

I have read and understand the above. I have attached a copy of my valid pilot's license and medical certificate.

Signature _____ Date _____

I have verified the above employee's compliance with the requirements above.

Department Approval _____ Date _____