

IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

- A. The equipment listed on the Idaho ICCF meets all of the minimum requirements found in the Idaho Fire Service Organization Rate Book (FSO Rate Book) for use and operation of the equipment type identified.
- B. Failure to accurately classify the equipment type as described in the FSO Rate Book shall result in a downgrade of typing and a reduction in rate to the type level the equipment meets as set forth in the FSO Rate Book. Failure of the equipment described herein to meet all FSO Rate Book requirements, or to provide the qualified personnel or equipment within 24 hours, will be cause for release and return to point of hire in pay status.
- C. It is agreed that the hiring entity may inspect the listed equipment and the appropriate training records. These inspections may be done pre-season or at the incident during fire season.
- D. A copy of this certification shall be provided to the Finance Section Chief, or their designated representative, immediately upon arrival at the incident. When the Idaho Cooperator Certification Form (ICCF) has been completed, **no other agreement (or EERA) is necessary.**
- E. The individuals listed on the Idaho Cooperation Certification Form Resources, Appendix 1 (page 2 of 8), meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), National Incident Management System Wildland Fire Qualifications System Guide, PMS 310-1, or NFPA Equivalency, and Idaho EMS License. Operators must possess a valid Driver's License and have the knowledge, skills, and abilities to operate the type and class of equipment listed herein.

I certify that the equipment and personnel listed herein meet the minimum resource typing standards as shown in the Idaho Fire Service Organization Rate Book. I hereby certify that I am authorized to sign this Idaho Cooperator Certification Form.

Gene Haught
Fire Chief (Signature)

7/18/16
Date

Gene Haught
Fire Chief Name (Printed)

ATLANTA RURAL FIRE DEPARTMENT
Fire Department Name (Printed)

**Idaho Cooperator Certification Form (ICCF)
Resources**

Name

**Qualification(s)/Licenses
(NWCG/NFPA/EMS)**

Gene Haught

ENOP

Joe Inama

ENOP

