

IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

*When the Idaho Cooperator Certification Form (ICCF) has been completed,
no other agreement (or EERA) is necessary.*

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|--|---|---|--|------------|-------------------|
| 1. IDL Area/District/Association a. Name and Address: Idaho Department of Lands Southwest Idaho Fire Protection District 8355 W. State St. Boise, ID 83714 | b. Agreement No.: IDL-610-16-47 c. Phone: 208 334-3488 d. FAX: 208 853-6372 | 2. EFFECTIVE DATES OF CERTIFICATION a. Beginning: 6/1/2016 b. Ending: 12/31/2017 | | | |
| 3. FIRE DEPARTMENT a. Name and Address: THORN CREEK VFD PO Box 744 Idaho City, ID 83631 | b. E-mail Address: dcano1@mindspring.com c. Phone (Day): 208 392-4990 Phone (Night): 208 392-4990 Cell Phone: 208 407-1834 FAX: 208 392-4990 | 4. ORDERING DISPATCH CENTER BDC | | | |
| 5. THE FOLLOWING EQUIPMENT IS BEING PROVIDED: <input checked="" type="checkbox"/> Fully Operated (Includes Personnel & Equipment) <input type="checkbox"/> Unoperated (Personnel Costs Billed Separately) | | 6. OPERATING SUPPLIES <input checked="" type="checkbox"/> Provided by Incident | | | |
| 7. ITEM DESCRIPTION - Provide: Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type | | | 8. HRLY/DAILY/MILEAGE/SHIFT BASIS | | 9. SPECIAL |
| Description | Type | Minimum Staff | Rate | Unit | |
| a. 2010 Navistar 6x6 Tender/Tanker E-1121 3000 gallon, 500 gpm, 270 psi, Metered Foam, Vin# 1HTWJAZR8AJ208107 Lic# F1753 | T1 | 2 | \$175.00 | Hr | |
| | | | \$2,450.00 | Day/1Shift | |
| | | | \$4,043.00 | Day/2Shift | |
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- 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 preseason 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.



Fire Chief (Signature)



Date

DAN CANO

Fire Chief Name (Printed)

THORN CREEK VFD

Fire Department Name (Printed)

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

Name

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

Dan Cano

FFT1, Fire Fighter 1(Structure)

Valerie Cano

FFT2

Chris Harris

FFT2

Eric Simms

FFT2

RJ Orem

FFT2

Eric Gard

FFT2

Tyke DeBlieck

FFT2

David Haney

FFT1