

**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.

  
\_\_\_\_\_  
Fire Chief (Signature)

7-14-16  
\_\_\_\_\_  
Date

Travis A. Myklebust  
\_\_\_\_\_  
Fire Chief Name (Printed)

Lewiston Fire Department  
\_\_\_\_\_  
Fire Department Name (Printed)

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

<b>Name</b>	<b>Qualification(s)/Licenses (NWCG/NFPA/EMS)</b>
Travis Myklebust	NWCG FFT2 and EMPF
Brad Covington	NWCG FFT2 and EMTF
Ryan Humphrey	NWCG FFT2 and EMTF
Kyle Greene	NWCG FFT2 and EMPF
Jared Miesen	NWCG FFT2 and EMTF
Soren Lowe	NWCG FFT2 and EMPF
Aaron Donaldson	NWCG FFT2 and EMTF
Steven Potratz-Lee	NWCG FFT2 and EMPF
Chris Currie	NWCG FFT2 and EMTF
Frank Staab	NWCG FFT2 and EMTF
Roby Spooner	NWCG FFT2 and EMTF
Tim Gifford	NWCG FFT2 and EMPF
Mike Schmidt	NWCG FFT2 and EMPF
Chris Jacks	NWCG FFT2 and EMPF
Jon Ockwell	NWCG FFT2 and EMTF
Mitch Chenault	NWCG FFT2 and EMTF
John Thompson	NWCG FFT2 and EMTF
Henry Funk	NWCG FFT2 and EMTF
Zach Evangelho	NWCG FFT2 and EMPF
Richie Lucas	NWCG FFT2 and EMPF
Nate Metcalf	NWCG FFT2 and EMPF
Drew Dickinson	NWCG FFT2 and EMTF



## IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

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

<p>1. IDL Area/District/Association a. Name and Address: Craig Mountain IDL PO Box 68 Craigmont, ID 83523</p>	<p>b. Agreement No.: 430-16-10</p> <p>c. Phone: 208-924-5571</p> <p>d. FAX: 208-924-5572</p>	<p>2. EFFECTIVE DATES OF CERTIFICATION</p> <p>a. Beginning: 5/1/2016</p> <p>b. Ending: 12/1/2016</p>
<p>3. FIRE DEPARTMENT a. Name and Address: Lewiston Fire Department 1245 Idaho Street Lewiston, ID 83501</p>	<p>b. E-mail Address: tmyklebust@cityoflewiston.org</p> <p>c. Phone (Day): 208-791-2083 Phone (Night): 208-791-2083 Cell Phone: 208-791-2083 FAX: 208-746-3801</p>	<p>4. ORDERING DISPATCH CENTER Grangeville Interagency Dispatch</p>

<p>5. THE FOLLOWING EQUIPMENT IS BEING PROVIDED:</p> <p><input type="checkbox"/> Fully Operated (Includes Personnel &amp; Equipment)</p> <p><input checked="" type="checkbox"/> Unoperated (Personnel Costs Billed Separately)</p>	<p>6. OPERATING SUPPLIES</p> <p><input type="checkbox"/> Provided by Incident</p>
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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	
ALS 4x4 Ambulance 2008 MedTech on F450 1FDXF47R68ED26467, Plate F2238	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		
ALS 4x4 Ambulance 2008 MedTech on F450 1FDXF46R88EB07690, Plate F2057	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		
ALS 4x4 Ambulance 2011 MedTech on F450 1FDUF4GT7BEA79868, Plate F2433	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		
ALS 4x4 Ambulance 2011 MedTech on F450 1FDUF4GT2BEB90568, Plate F2055	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		
ALS 4x4 Ambulance 2009 MedTech on F450 1FDAF46R89EA61186, Plate F2052	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		
ALS 4x4 Ambulance 2012 MedTech on F450 1FDUF4GT5CEC12631, Plate F2619	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		
ALS 4x4 Ambulance 2014 MedTech on F450 1FDUF4GT6FEA04083, Plate F2769	Type 1 Ambulance	2	\$910.00	UNOP/Daily	Fully equipped ALS ambulance licensed in Idaho
			\$65.00	UNOP/HR	
			\$0.00		

