

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 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)

8-16-16

Date

Richard Hull

Fire Chief Name (Printed)

Sunnyside Rural Fire District

Fire Department Name (Printed)

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

1. IDL Area/District/Association a. Name and Address: CPTPA 10250 Hwy 12 Orofino, ID 83544	b. Agreement No.: ID-990-17-40 c. Phone: 208-476-5612 d. FAX: 208-476-7218	2. EFFECTIVE DATES OF CERTIFICATION a. Beginning: 6/1/2016 b. Ending: 6/1/2017			
3. FIRE DEPARTMENT a. Name and Address: Sunnyside Rural Fire District Po Box 2501 Orofino, ID 83544	b. E-mail Address: c. Phone (Day): 208-476-3655 Phone (Night): 208-476-9722 Cell Phone: 208-827-0127 FAX: Cell is R Hull	4. ORDERING DISPATCH CENTER Orofino-CPTPA			
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	
2000 FORD F450 Vin: 1FDXF47SXYEE09774 License: F1101 E-91	WE6	2	\$1,526.00	Daily	
			\$109.00	Hourly	
			\$2,518.00	2 Periods	
1987 GMC Vin: 1GDM7D1G8HV536379 License: F2132 E-93	E2	3	\$2,450.00	Daily	
			\$175.00	Hourly	
			\$4,043.00	2 Periods	
1996 Chevrolet 4X4 3/4T Vin: 1GCGK29F3te203435 License: 6C 2784T	com'nd	1	\$95.00	Daily	
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
Requested Personnel per Person			\$350.00	Daily	
			\$25.00	Hourly	
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		

Idaho Cooperator Certification Form (ICCF)
Resources

Name

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

Richard Hull

Engine Boss

Chris Goetz

Engine Boss

GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.		2. RESOURCE ORDER NO.	
3. CONTRACTOR NAME <u>Sunnyside RFD</u>			
4. AGREEMENT NO. <u>ID-990-17-40</u>		5. EXPIRATION DATE <u>N/A</u>	
6. MAKE/MODEL <u>CLIPKRT 3/4 Ton</u>		7. EQUIPMENT TYPE <u>Command Vehicle</u>	
8. VIN/SERIAL NO. <u>16C6K39F3TE203435</u>		9. LICENSE NO./STATE <u>6C2784F JD</u>	

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section V—REMARKS

(Describe all unsatisfactory items and identify by line number)

10. PRE-USE INSPECTION

Accepted Rejected
 MILES/HRS 34,000 DATE 7-24-16 TIME 1800
 Inspector's printed name Isaac Hull Title Area Leader
 Inspector's signature [Signature]

Section III—LIABILITY

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name Richard O'Hull Title _____
 Operator's signature [Signature] Date 8-16-16

Section IV—TRANSPORT OR SUPPORT VEHICLES

	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	X
2. Gauges and lights: mounted and function properly.	*	X
3. Seat belts: operate properly for each seating position.	*	X
4. Glass and mirrors, no cracks in vision.	*	X
5. Wipers, washers, and horn operate properly.	*	X
6. Clutch pedal: proper adjustment (if applicable).		X
7. Cooling system: full, free of leaks and damage.		X
8. Fluid levels (e.g. oil) and condition: full and clean.		X
9. Battery: check for corrosion, loose terminals and hold downs.		X
10. Fuel system: free of leaks and damage.	*	X
11. Electrical system: alternator and starter work.		X
12. Engine running: check oil pressure, knocks, and leaks.		X
13. Transmission: check for leaks.		X
14. Steering components: tight, free of play.	*	X
15. Brakes: damaged, worn or out of adjustment.	*	X
16. 4-Wheel drive: check transfer case, leaks (if applicable).		X
17. Drive line U-joints: check for looseness.		X
18. Suspension systems: springs, shocks, other.	*	X
19. Differential(s): check for leaks.		X
20. Exhaust system: no leaks under cab or before turbo.	*	X
21. Frame condition, body/bed properly attached.	*	X
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	X
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		X
24. Emergency equipment required. Fire extinguisher <u>1</u> Spare fuses <u> </u> Reflectors <u> </u>	*	X
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med Cert Expiration Date _____		

11. RELEASE

No Damage/No Claim

MILES/HRS _____ DATE _____ TIME _____
 Operator's printed name _____ Title _____
 Operator's signature _____ Date _____
 Inspector's printed name _____ Title _____

Contractor

Resource Order No.

GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME <i>Sunnyside RFD</i>	
4. AGREEMENT NO. <i>JD-990-17-40</i>	5. EXPIRATION DATE <i>N/A</i>
6. MAKE/MODEL <i>6MC</i>	7. EQUIPMENT TYPE <i>Type 2 Engine</i>
8. VIN/SERIAL NO. <i>16DM7D1684US36379</i>	9. LICENSE NO./STATE <i>F2132 ID</i>

10. PRE-USE INSPECTION

Accepted Rejected

MILES/HRS *34,222* DATE *7-24-16* TIME *1800*

Inspector's printed name *Isaac Hull* Title *Area Leader*

Inspector's signature *[Signature]*

Section III—LIABILITY

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name _____ Title _____

Operator's signature *Richard C Hull* Date *8-16-16*

Section IV—TRANSPORT OR SUPPORT VEHICLES

		Acceptable	
		YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	X	
2. Gauges and lights: mounted and function properly.	*	X	
3. Seat belts: operate properly for each seating position.	*	X	
4. Glass and mirrors, no cracks in vision.	*	X	
5. Wipers, washers, and horn operate properly.	*	X	
6. Clutch pedal: proper adjustment (if applicable).		X	
7. Cooling system: full, free of leaks and damage.		X	
8. Fluid levels (e.g. oil) and condition: full and clean.		X	
9. Battery: check for corrosion, loose terminals and hold downs.		X	
10. Fuel system: free of leaks and damage.	*	X	
11. Electrical system: alternator and starter work.		X	
12. Engine running: check oil pressure, knocks, and leaks.		X	
13. Transmission: check for leaks.		X	
14. Steering components: tight, free of play.	*	X	
15. Brakes: damaged, worn or out of adjustment.	*	X	
16. 4-Wheel drive: check transfer case, leaks (if applicable).		X	
17. Drive line U-joints: check for looseness.		X	
18. Suspension systems: springs, shocks, other.	*	X	
19. Differential(s): check for leaks.		X	
20. Exhaust system: no leaks under cab or before turbo.	*	X	
21. Frame condition, body/bed properly attached.	*	X	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	X	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		X	
24. Emergency equipment required. Fire extinguisher <input checked="" type="checkbox"/> Spare fuses <input type="checkbox"/> Reflectors <input checked="" type="checkbox"/>	*	X	
25. Operator(s) properly licensed. † Expiration Date _____ State _____ License No _____ Class _____ Endorsement _____ Med. Cert Expiration Date _____			

11. RELEASE

No Damage/No Claim

MILES/HRS _____ DATE _____ TIME _____

Operator's printed name _____ Title _____

Operator's signature _____ Date _____

Inspector's printed name _____ Title _____

Section I—HEAVY EQUIPMENT

		Acceptable	
		YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*		
2. Gauges and lights: mounted and function properly.			
3. Battery: check for corrosion, loose terminals, and hold downs.			
4. Engine running: check oil pressure, knocks and leaks.			
5. Sweeps, deflectors, safety screens.	*		
6. Steering components: tight, free of play.	*		
7. Brakes: damaged, worn or out of adjustment.	*		
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*		
9. Fuel system: free of leaks and damage.	*		
10. Cooling system: full, free of leaks and damage.	*		
11. Fan and fan belts: check for proper tension. No fraying/cracks.			
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*		
13. Belly plate, radiator guards: securely mounted and free from debris.	*		
14. Final drive, transmission and differential: check for dripping.			
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.			
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*		
17. Dozer and assembly: trunnion bolts missing, cracks.	*		
18. Rear hitch (drawbar): serviceable, safe.			
19. Body and cab condition: describe dents and damage.			
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.			
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.			
22. Backup or travel alarm (minimum 87 db).	*		
23. Oil level and condition: full and clean.			

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)

		Acceptable	
		YES	NO
1. No missing/broken components, no loose hardware.			
2. Sufficient fluid levels (oil, coolant, etc.)			
3. Cutting bar: straight, chain in good condition.			
4. Cutting teeth: sharp, good repair.			
5. Pump: builds pressure, no water or oil leaks.			
6. Engine starts, idles, and shuts off with switch.			

Section V—REMARKS

(Describe all unsatisfactory items and identify by line number)

* Safety Item—Do not accept until brought into compliance.
† Include information for additional operators in REMARKS section

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY



Contractor

Resource Order No.

GENERAL EQUIPMENT INFORMATION

1. INCIDENT NAME/NO.		2. RESOURCE ORDER NO.	
3. CONTRACTOR NAME <u>Sunn-is-le RFD</u>			
4. AGREEMENT NO. <u>ID-990-17-40</u>		5. EXPIRATION DATE <u>NA</u>	
6. MAKE/MODEL <u>Ford</u>		7. EQUIPMENT TYPE <u>F-450 TRAC</u>	
8. VIN/SERIAL NO. <u>1FDXF475XYE E09774</u>		9. LICENSE NO./STATE <u>F 101</u>	

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.	*	
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db)	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section V—REMARKS (Describe all unsatisfactory items and identify by line number)

10. PRE-USE INSPECTION

Accepted Rejected
 MILES/HRS 34, max DATE 7-29-16 TIME 1800
 Inspector's printed name Isaac Hull Title Area Leader
 Inspector's signature [Signature]

Section III—LIABILITY

The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.

Operator's printed name _____ Title _____
 Operator's signature [Signature] Date 8-16-16

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	X
2. Gauges and lights: mounted and function properly.	*	X
3. Seat belts: operate properly for each seating position.	*	X
4. Glass and mirrors, no cracks in vision.	*	X
5. Wipers, washers, and horn operate properly.	*	X
6. Clutch pedal: proper adjustment (if applicable).		X
7. Cooling system: full, free of leaks and damage.		X
8. Fluid levels (e.g. oil) and condition: full and clean.		X
9. Battery: check for corrosion, loose terminals and hold downs.		X
10. Fuel system: free of leaks and damage.	*	X
11. Electrical system: alternator and starter work.		X
12. Engine running: check oil pressure, knocks, and leaks.		X
13. Transmission: check for leaks.		X
14. Steering components: tight, free of play.	*	X
15. Brakes: damaged, worn or out of adjustment.	*	X
16. 4-Wheel drive: check transfer case, leaks (if applicable).		X
17. Drive line U-joints: check for looseness.		X
18. Suspension systems: springs, shocks, other.	*	X
19. Differential(s): check for leaks.		X
20. Exhaust system: no leaks under cab or before turbo.	*	X
21. Frame condition, body/bed properly attached.	*	X
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	X
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		X
24. Emergency equipment required. Fire extinguisher <u>1</u> Spare fuses <u>—</u> Reflectors <u>—</u>	*	X
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No _____ Class _____		
Endorsement _____ Med Cert Expiration Date _____		

11. RELEASE No Damage/No Claim

MILES/HRS _____ DATE _____ TIME _____

Operator's printed name _____ Title _____

Operator's signature _____ Date _____

Inspector's printed name _____ Title _____

Contractor

Resource Order No

* Safety item—Do not accept until brought into compliance
 † Include information for additional operators in REMARKS section

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY

