

**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 and/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 an 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 Cooperator 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)

04/11/2016  
\_\_\_\_\_  
Date

Levi Diehl  
\_\_\_\_\_  
Fire Chief Name (Printed)

Bliss 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.*

<b>1. IDL Area/District/Association</b> a. Name and Address: IDAHO DEPARTMENT OF LANDS EASTERN AREA - JEROME OFFICE 324 S 417 E STE 2 JEROME ID 83338-6206		b. Agreement No.: IDL-700-16-004  c. Phone: 208-324-2561  d. FAX: 208-324-2917		<b>2. EFFECTIVE DATES OF CERTIFICATION</b>  a. Beginning: 6/1/2016 b. Ending: 5/31/2017	
<b>3. FIRE DEPARTMENT</b> a. Name and Address: BLISS RURAL FIRE DEPARTMENT ATTN: LEVI DIEHL PO BOX 141 BLISS ID 83314		b. E-mail Address: blissfire@hotmail.com  c. Phone (Day): 208-352-4320 Phone (Night): Cell Phone: 208-320-0132 FAX: 208-362-4320		<b>4. ORDERING DISPATCH CENTER</b> ID-SCC	
<b>5. THE FOLLOWING EQUIPMENT IS BEING PROVIDED:</b> <input checked="" type="checkbox"/> Fully Operated (Includes Personnel & Equipment) <input type="checkbox"/> Unoperated (Personnel Costs Billed Separately)				<b>6. OPERATING SUPPLIES</b> <input checked="" type="checkbox"/> Provided by Incident	
<b>7. ITEM DESCRIPTION - Provide: Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type</b>			<b>8. HRLY/DAILY/MILEAGE/SHIFT BASIS</b>		<b>9. SPECIAL</b>
Description	Type	Minimum Staff	Rate	Unit	
1991BECK 6 WM STRUCTURE / 1000 GAL VIN: 11VUB0652MA00011      UNIT 93106 LICENSE: F2575	E2	3	\$175.00	Hrly	Compensation rate will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
1991 BECK 6 WM STRUCTURE / 1000 GAL VIN: 11VUB0652MA00009      UNIT 93109 LICENSE: F2574	E2	3	\$175.00	Hrly	Compensation rate will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
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