

IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

2016

- 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.

Chief Bud Compher  
Fire Chief (Signature)

6-22-2016  
Date

BUD COMPHER  
Fire Chief Name (Printed)

FILER CITY FIRE DEPARTMENT  
Fire Department Name (Printed)

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

Name	Qualification(s)/Licenses (NWCG/NFPA/EMS)
Trent Cline	NFPA FF2 / Wildland FFT2
Trent Champlin	NFPA FF1 / Wildland FFT2
Lonnie Brutke	NFPA FF1 / Wildland FFT2
Kyle Brutke	NFPA FF1 / Wildland FFT2
Tyler Brutke	NFPA FF1 / Wildland FFT2
Josh Holt	NFPA FF2 / Wildland FFT2
John Darnall	NFPA FF2 / Wildland FFT2
Vic Darnall	NFPA FF1 / Wildland FFT2
Jared Fisher	NFPA FF1 / Wildland FFT2
Larry Fisher	NFPA FF1 / Wildland FFT2
Waylon Greco	NFPA FF1 / Wildland FFT2
Tarek Hassani	NFPA FF1 / Wildland FFT2
Thomas Hurley	NFPA FF2 / Wildland FFT2
Jeff Kalbfleisch	NFPA FF1 / Wildland FFT2
Chris Mullen	NFPA FF2 / Wildland FFT2
Steve Mullen	NFPA FF2 / Wildland FFT2
Larry Orsland	NFPA FF2 / Wildland FFT2
Steve Orsland	NFPA FF1 / Wildland FFT2
Hunverto Ortiz	NFPA FF1 / Wildland FFT2
Tim Reeves	NFPA FF1 / Wildland FFT2
Jason Vanleeuwen	NFPA FF1 / Wildland FFT2
Kelsie Brutke	NFPA 1 / FFT2
Sharie Mullen	NFPA 1 / FFT2
Charles Legg	NFPA FF1 / Wildland FFT2
Dale Mahan	NFPA 2
Mike Holt	NFPA 2
Victor Azevedo	NFPA 2

## 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-700-16-010  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: FILER CITY FIRE DEPARTMENT ATTN BUD COMPHER PO BOX 140 / 300 MAIN STREET FILER ID 83328	b. E-mail Address: bud@filerfire.org  c. Phone (Day): 208-324-1911 Phone (Night): 208-324-1911 Cell Phone: 208-308-9007 FAX: 208-326-5002	<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	
2003 Freightliner Type 2 Engine w/metered foam; 1000 Gal. Tank VIN: 1FVABXBS23HK54339 License No. F1649 TRUCK #26102	E2	3	\$175.00	Hrly	
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
			\$0.00		
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