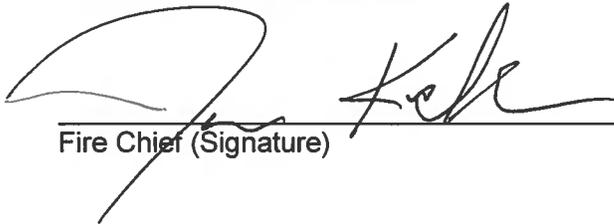


IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

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.

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

5/29/16  
 \_\_\_\_\_  
 Date

JASON KELLER  
 \_\_\_\_\_  
 Fire Chief Name (Printed)

ROCK CREEK FIRE PROTECTION DISTRICT  
 \_\_\_\_\_  
 Fire Department Name (Printed)

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

<u>Name</u>	<u>Qualification(s)/License(NWCG/NFPA/EMS)</u>
JASON KELLER	FFT1/EMT/ENGB/STEN Trainee
GREG VAWSER	FFT2/ENGB Trainee
DEE HUNSAKER	FFT2/EMT/ENGB Trainee
STACEY THOMAS	FFT1/EMT/ENGB
TAYLOR HUNSAKER	FFT1/EMT/ENGB/STEN Trainee
JASON FREEMAN	FFT1/EMT/ENGB Trainee
CAMERON DIRKS	FFT2/EMT
TODD ALLISON	FFT2
KYLE HARTLEY	FFT2/EMT/ENGB Trainee
JORDAN HUNSAKER	FFT2
JOSH RUSSELL	FFT2/EMT/ENGB Trainee
ANDREW GIESBRECHT	FFT2/EMT
TIM DANIELS	FFT1/EMT/ENGB/STEN Trainee
GARY SABIN	FFT1/EMT/ENGB/STEN Trainee
ROD DIXON	FFT2
STEVEN BALLING	FFT2
KODY LEWIN	FFT2
CHANCE ELLISON	FFT2
JAMES SNYDER	FFT2
HUMBERTO CHAVEZ	FFT2
T.J. RUIZ	FFT2

## 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: IDAHO DEPARTMENT OF LANDS 324 S 417 E STE 2 JEROME ID 83338-6206	b. Agreement No.: IDL-700-16-026  c. Phone: 208-324-2561  d. FAX: 208-324-2917	2. EFFECTIVE DATES OF CERTIFICATION  a. Beginning: 6/1/2016 b. Ending: 5/31/2017			
3. FIRE DEPARTMENT a. Name and Address: ROCK CREEK FIRE PROTECTION DISTRICT 1559 MAIN STREET NORTH / PO BOX 365 KIMBERLY ID 83341	b. E-mail Address: safety@rcfd.id.gov  c. Phone (Day): 208-423-4336 Phone (Night): Cell Phone: 208-308-7418 FAX: 208-423-9727	4. ORDERING DISPATCH CENTER ID-SCC			
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 <b>NWCG Equipment Type</b>			8. HRLY/DAILY/MILEAGE/SHIFT BASIS	9. SPECIAL	
Description	Type	Minimum Staff	Rate	Unit	
2011 PIERCE TYPE 1 ENGINE 1000 GAL/1500 GPM VIN: 4P1CJ01A9BA011732 LICENSE NO. F2474      ENGINE #25-112	E1	4	\$204.00	Hrly	Compensation rate will be based on request/use.
			\$2,856.00	Daily	
			\$4,712.00	Dbl Shift	
2002 PIERCE TYPE 2 ENGINE 1000 GAL/ 1250 GPM VIN: 2NKMHZ8X13M387308 LICENSE NO. F1608      ENGINE #25-113	E2	3	\$175.00	Hrly	Compensation rate will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
2006 PIERCE TYPE 2 ENGINE 1000 GAL/1250 GPM VIN: 2NKMHZ8X96M140168 LICENSE NO. F2018      ENGINE #25-114	E2	3	\$175.00	Hrly	Compensation rate will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
1990 PIERCE TYPE 2 ENGINE 750 GAL/1250 GPM VIN: 1FDYK84A0LVA34022 LICENSE NO. F529      ENGINE #25-102	E2	3	\$175.00	Hrly	Compensation rate will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
2001 FORD TYPE 3 TENDER 2000 GAL / 400 GPM VIN: 3FDNF65A3YMA65485 LICENSE NO. F1452      ENGINE #25-405	S3	1	\$92.00	Hrly	If ordered with 2 personnel, additional \$25 hourly/ \$350 daily rates apply.
			\$1,288.00	Daily	
			\$2,125.00	Dbl Shift	
2007 PIERCE TYPE 1 TENDER 3000 GAL/500 GPM VIN: 2NKMLZ9X47M183847 LICENSE NO. F2112      ENGINE #25-406	T1	1	\$175.00	Hrly	Compensation rate will be based on request/use. May be used as S2.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
2014 PIERCE TYPE 2 TENDER 3000 GAL / 500 GPM VIN: 2NKHLJ9X8EM410876 LICENSE NO. F2736      ENGINE #25-407	S2	1	\$119.00	Hrly	Compensation rate will be based on request/use. May be used as T1.
			\$1,666.00	Daily	
			\$2,749.00	Dbl Shift	

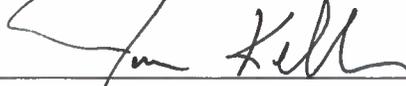
Description	Type	Minimum Staff	Rate	Unit	Special
1997 DODGE TYPE 6 BRUSH TRUCK VIN: 1B6MF36D8VJ569101 LICENSE No. G2635 ENGINE #25-809	WE6	2	\$109.00	Hrly	If ordered with 3 personnel, additional \$25 hourly / \$350 daily rates apply.
			\$1,526.00	Daily	
			\$2,518.00	Dbl Shift	
1995 FORD TYPE 6 BRUSH TRUCK VIN: 1FDKF38F7SNB33115 LICENSE NO. F2457 ENGINE #25-811	WE6	2	\$109.00	Hrly	If ordered with 3 personnel, additional \$25 hourly / \$350 daily rates apply.
			\$1,526.00	Daily	
			\$2,518.00	Dbl Shift	
2015 FORD AMBULANCE BLS NON-TRANSPORT VIN: 1FDRF3HT8FEB36874 LICENSE NO. C17504 #35-103	TYPE 3 BLS	2	\$122.00	Hrly	2 EMTs
			\$1,712.00	Daily	
			\$0.00		
1992 CHEVROLET AMBULANCE 4X4 BLS NON-TRANSPORT VIN: 1GBJK34N1NE170016 LICENSE NO. F2189 (check #) #35-101	TYPE 3 BLS	2	\$122.00	Hrly	2 EMTs
			\$1,712.00	Daily	
			\$0.00		
1998 FORD F150 4X4 COMMAND VEHICLE VIN: 1FTRX18L69KB19093 LICENSE NO. F889 ENGINE #25-606			\$85.00	Daily	Daily Rate + Actual Fuel Costs reimbursed. Resource Order required if under hire by incident.
			\$0.00		
			\$0.00		
2002 GMC 2500 COMMAND VEHICLE VIN: 1GTHK23142F07097 LICENSE NO. F2655 ENGINE #25-601			\$95.00	Daily	Daily Rate + Actual Fuel Costs reimbursed. Resource Order required if under hire by incident.
			\$0.00		
			\$0.00		
2015 FORD F250 SUPPORT / COMMAND VEHICLE VIN: 1FT7W2B66FEA53081 LICENSE NO. F2460 ENGINE #25-649			\$95.00	Daily	Daily Rate + Actual Fuel Costs reimbursed. Resource Order required if under hire by incident.
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$95.00		
			\$0.00		
			\$0.00		

10. SPECIAL PROVISIONS - **Hourly rate applies to first and last day not to exceed daily rate.** When reassigned to another incident Refer to "D Water Handling Equipment Rates" for first/last day. Chase/Command vehicles, when ordered by the incident, are paid at a Daily Rate with no reduction for partial days. (IDAHO RATE BOOK: Water Equipment Handling Rates, Page 7; Apparatus and Equipment Rates, Appendix 5, Page 1 of 1.)

ORIGINAL payment packages are to be returned to the Idaho Department of Lands procurement office listed on Page 3 of this form for audit and payment, as stated in the Interagency Incident Business Management Handbook.

Refer to current Idaho Fire Service Organization Rate Book for payment for foam units, equipment being transported, equipment being repaired and is unavailable, claims, double shifts, and chase vehicles.

11. SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT



13. PRINT NAME AND TITLE  
JASON KELLER, FIRE CHIEF

14. DATE  
5/26/16

12. SIGNATURE OF FIRE WARDEN OR AUTHORIZED AGENT




15. PRINT NAME AND TITLE  
DENICE BACKUS, ADMIN ASSISTANT

16. DATE  
5.26.16