

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)

5-31-16

Date

BART LASSMAN

Fire Chief Name (Printed)

WOOD RIVER FIRE PROTECTION DISTRICT

Fire Department Name (Printed)

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

Name	Qualification(s)/Licenses (NWCG/NFPA/EMS)
Aberbach, Craig	FFII – Chief / EMT
Avila, Jose	FFII – Engineer / EMT
Baertschi, Flip	FFII – Firefighter
Bailey, Max	FFII - Lieutenant / Paramedic
Baldwin, Kate	EMT
Bauer, Rich	FFII – Captain / Paramedic
Bothwell, Brian	FFII – Engineer / EMT
Bowman, Jimmy	FFII – Firefighter
Bugge, Windi	FFII - Firefighter
Campbell, Chris	FFII - Firefighter
Chaney, Jake	FFII - Firefighter
Cook Chris	FFII - Firefighter
Drougas, Sofia	FFII - Firefighter
Englehart, Robin	FFII - Firefighter
Estrada, Tony	FFII / Firefighter
Fields, Josh	FFII – Engineer / EMT
Fullerton, Brian	FFII – Squad Leader / EMT
Green, Josh	FFII - Engineer
Griffith, Erin	FFII - Firefighter
Haavik, Rune	FFII – Sr. Engineer / Paramedic
Heath, Quentin	FFII - Firefighter
Herald, Justin	FFII - Lieutenant / Paramedic
Hunstman, Mike	ENGB - Lieutenant / Adv EMT
Irvin, Christian	FFII – Firefighter / Paramedic
Knox, Trey	FFII – Engineer / EMT
Lassman, Bart	FFII – Chief / Adv EMT
Leady, Annie	Paramedic
Mathieu, Eric	FFII - Sr. Engineer / EMT
McNees, Eli	FFII - Firefighter
Miczulski, Joe	SOF2 / DIVS - Firefighter
Reay, Patricia	Paramedic
Rendahl, Dave	FFII – Squad Leader / EMT
Rhinevault, Tom	EMT
Schames, David	FFII – Squad Leader / EMT
Sears, Bass	ENGB – Lieutenant / Paramedic
Taylor, Ron	FFII – Captain / Paramedic
White, Kelly	FFTII – Squad Leader / EMT
White, Tom	ENGB – Captain / Paramedic

## 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-700-16-037  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: WOOD RIVER FIRE PROTECTION DISTRICT ATTN BART LASSMAN 117 EAST WALNUT HAILEY ID 83333		b. E-mail Address: blassman@wrfr.com  c. Phone (Day): 208-788-5577 Phone (Night): 208-788-1187 Cell Phone: 208-727-1187 FAX: 208-788-5579		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 NWCG Equipment Type			8. HR/DAI/MILEAGE/SHIFT BASIS		9. SPECIAL
Description	Type	Minimum Staff	Rate	Unit	
2003 BME TYPE 1 ENGINE W/CAFS VIN: 44KFT44822W220022 LICENSE NO. F1601 <span style="float: right;">E51</span>	E1	4	\$204.00	Hrly	Compensation will be based on request/use.
			\$2,856.00	Daily	
			\$4,712.00	Dbl Shift	
1995 FERRERA TYPE 2 ENGINE VIN: 4S7DT9T0SC915790 LICENSE NO. F944 <span style="float: right;">E52</span>	E2	3	\$175.00	Hrly	Compensation will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
2010 ROSENBAUER TYPE 1 ENGINE 2500 GAL TANK VIN: 44KFT6480AWZ21938 LICENSE NO. F2422 <span style="float: right;">E-54</span>	E1	4	\$204.00	Hrly	Compensation will be based on request/use.
			\$2,856.00	Daily	
			\$4,712.00	Dbl Shift	
1993 FERRERA TYPE 1 ENGINE 2000 GAL TANK VIN: 1GDT7H4H5DJ514839 LICENSE NO. F447 <span style="float: right;">E50</span>	T1	2	\$175.00	Hrly	Compensation will be based on request/use.
			\$2,450.00	Daily	
			\$4,043.00	Dbl Shift	
2004 FORD F550 4X4 TYPE 6 ENGINE VIN: 1FDAW57P74EC69894 LICENSE NO. F1758 <span style="float: right;">E-53</span>	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	
2002 CHEVROLET SILVERADO COMMAND 3/4 TON 4 X 4 VIN: 1GCHK29U12E181341 LICENSE NO. F2032 <span style="float: right;">SQUAD 99</span>			\$95.00	Daily	Daily Rate+ Actual Fuel costs reimbursed. Resource Order required if under hire by incident.
			\$0.00		
			\$0.00		
2016 FORD F-250 COMMAND VIN: 1FT7W2B66GECD4860 LICENSE NO. F937			\$85.00	Daily	Daily Rate+ Actual Fuel costs reimbursed. Resource Order required if under hire by incident.
			\$0.00		
			\$0.00		

Description	Type	Minimum Staff	Rate	Unit	Special
2004 FORD F250 TRANSPORT UNIT VIN: 1FTNW21L24ED03704 LICENSE NO. F544 TSU1			\$95.00	Daily	Daily Rate+ Actual Fuel costs reimbursed. Resource Order required if under hire by incident.
			\$0.00		
			\$0.00		
2015 CHEVROLET 350 AMBULANCE 4X4 VIN: 1GB3KZC84FF503294 AMB93	ALS	Type 1	\$139.00	Hrly	1 Paramedic / 1 EMT
			\$1,941.00	Daily	
			\$0.00		
2010 FORD F350 AMBULANCE 4X4 VIN: 1FDWF3HR4AEA70341 AMB95	ALS	Type 1	\$139.00	Hrly	1 Paramedic / 1 EMT
			\$1,941.00	Daily	
			\$0.00		
2007 FORD F350 AMBULANCE 4X4 VIN: 1FDWF37T07EA66120 AMB97	BLS	Type 3	\$122.00	Hrly	2 EMTs
			\$1,712.00	Daily	
			\$0.00		
			\$0.00		
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			\$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 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 		12. SIGNATURE OF FIRE WARDEN OR AUTHORIZED AGENT 	
13. PRINT NAME AND TITLE BART LASSMAN, FIRE CHIEF	14. DATE	15. PRINT NAME AND TITLE PAT BROWN, AREA MANAGER	16. DATE 4/6/2016