Request Number: **O-300** PLANS INFORMATION FINANCE INFORMATION If casual, please proceed to section below Last Name: LOPEZ First Name: BETH Position TIME FED (If AD fill out Casual/AD info below) Fed/AD/Other: Agency: BLM Check-In Date: 05/20/ Check-In Time: 0815Home Unit Name: SUSANVILLE DISTRICT Unit ID: CANOD (e.g., NPS, FS, BIA) Home Unit Address: 145 MAIN STREET Demob City: SUSANVILLE Demob State: CA SUSANVILLE. CA 99999 (Final Destination) Jetport Code: RDD Airport: (3-Letter Code, If Known) Home Unit Phone #: (530) 288-3231 Method of Travel (circle one): A/R AIR BUS OTHER PAS POV REN Home Unit Fax #: (530) 288-0727 Vehicle Description: DODGE DAKOTA If AOV, POV, or BUS: (e.g., Dodge PU, Chevy Sedan) Casual/AD Employees Only Social Security Number: DOOR # 0219 Vehicle ID: (e.g., Gov't Vehicle #, License #, etc.) Is this your first assignment for the calendar year? NO AD Position Held on Fire: If rented, where was the vehicle rented: (e.g., FFT1, CRWB, PTRC, SCKN) Who is responsible for rented vehicle (Individual's Name, Buying Team AD Classification:\_\_\_\_\_ AD Pay Rate:\_\_\_\_\_ Dispatch Center, etc.):\_\_\_ Hiring Agency Name: Were you reassigned directly from another incident? YES If Yes: Original Request #: \_\_\_\_\_ Name of Incident: Check Mailing Address: First day of first assignment for calculation of 14-day tour: Other Qualifications: COST, PTRC TO BE COMPLETED BY PLANS TO BE COMPLETED BY FINANCE Mobilization Date: 05/20/ Red Card Checked □ Employee Information Received and Complete First Work Day: \_\_\_\_05/20/ □ T-Card Completed Length of Assignment: 14 Entered into Resources Entered into Time by (initials):

☐ Manifest (filed & attached)

Updated-January 08, 2009

7.2-01-ISUITE-HO

(Final Destination)

(3-Letter Code, If Known)

Jetport Code: SMF

(e.g., Dodge PU, Chevy Sedan)

Name of Incident:

(e.g., Gov't Vehicle #, License #, etc.)

Who is responsible for rented vehicle (Individual's Name, Buying Team

Request Number: O-301

Last Name: \_\_ALLEN

Home Unit: <u>CA-ENF</u>
(Unit Id)

(e.g., NPS, FS, BIA)

Method of Travel (circle one): AOV

If Air: Jetport/Airport:

If AOV, POV, or BUS:

Were you reassigned directly from another incident? YES

Other Qualifications: STEN, CRWB

If Yes: Original Request #: \_\_\_\_\_

TO BE COMPLETED BY PLANS

#### PLANS INFORMATION

\_\_\_\_\_ Check-In Date: \_\_05/19/\_\_\_\_\_ Check-In Time:

AIR

**SACRAMENTO** 

Vehicle Description:

Dispatch Center, etc.):

Vehicle ID:

Demob City: \_\_PLACERVILLE\_\_ Demob State:

(Final Destination)

BUS

If rented, where was the vehicle rented:

First day of first assignment for calculation of 14-day tour:

Red Card Checked

□ T-Card Completed

Entered into ResourcesManifest (filed & attached)

First Name: LINDI

POV

Fed/AD/Oth	er: <u>FED</u>	(If AD fill out Casual/AD info below)
Position Hele	d on Fire:	DIVS
		(e.g., FFT1, CRWB, PTRC, SCKN)
Home Unit N	Name: EL DC	RADO NATIONAL FOREST
Home Unit A	Address: 100 FC	ORNI ROAD
	PLAC	ERVILLE, CA 95667
Home Unit F	Phone #: (530)	555-3231
Home Unit F	Fax #: (530)	555-0727
		Casual/AD Employees Only
Social Secur	ity Number:	
Is this your f	irst assignment for t	he calendar year? YES NO
AD Position	Held on Fire:	(e.g., FFT1, CRWB, PTRC, SCKN)
AD Classific	cation:	AD Pay Rate:
Hiring Agen	cy Name:	
Check Maili	ng Address:	
	TO BE	COMPLETED BY FINANCE
٥	Employee Infor	mation Received and Complete
۰	Entered into Tir	ne by (initials):

FINANCE INFORMATION
If casual, please proceed to section below

Updated-January 08, 2009

Mobilization Date: \_05/19/\_

Length of Assignment: 12

First Work Day: 05/19

**7.2-02-ISUITE-HO** 

(Final Destination)

\_\_ Jetport Code: <u>SMF</u>

(3-Letter Code, If Known)

(e.g., Dodge PU, Chevy Sedan)

Name of Incident:

(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented:

Who is responsible for rented vehicle (Individual's Name, Buying Team

Request Number: **O-302** 

Last Name: CHAMBERS

Home Unit: \_\_CA-TNF\_

Method of Travel (circle one):

If Air:

If Yes:

If AOV, POV, or BUS:

Were you reassigned directly from another incident? YES

Original Request #: \_\_\_\_

(e.g., NPS, FS, BIA)

|--|

AIR

First Name:

POV

Vehicle ID:

Dispatch Center, etc.):

\_\_\_\_\_ Check-In Date: \_\_05/20/\_

Jetport/Airport: SACRAMENTO\_

AOV

HEIDI

Demob City: \_\_DOWNIEVILLE\_\_ Demob State: \_\_
(Final Destination)

BUS

Vehicle Description: FORD MUSTANG

First day of first assignment for calculation of 14-day tour:

Check-In Time:

ii casuai, piease proceed to section below
$\label{eq:fed_AD_Other} \textit{Fed_AD_Other:} \qquad \qquad \textit{(If AD fill out Casual/AD info below)}$
Position Held on Fire:
(e.g., FFT1, CRWB, PTRC, SCKN)
Home Unit Name:
Home Unit Address:
Home Unit Phone #:
Home Unit Fax #:
Casual/AD Employees Only
Social Security Number: 999-99-999
Is this your first assignment for the calendar year? YES NO
AD Position Held on Fire: PTRC
(e.g., FFT1, CRWB, PTRC, SCKN)
AD Classification: AD-E AD Pay Rate: \$16.54
Hiring Agency Name: YUBA RIVER RANGER DISTRICT
15924 HIGHWAY 49 CAMPTONVILLE, CA 95922
Check Mailing Address: 111 MAIN STREET
CAMPTONVILLE, CA 95922
Phone#: _(530) 555-7811
TO BE COMPLETED BY FINANCE
☐ Employee Information Received and Complete
☐ Entered into Time by (initials):

FINANCE INFORMATION

Other Qualifications:TIME, SCKN	[	
TO BE COMPLETED B	===== Y PLAN	======================================
Mobilization Date: 05/20/ First Work Day: 05/21/ Length of Assignment: 14  Updated-January 08, 2009		Red Card Checked T-Card Completed Entered into Resources Manifest (filed & attached)

7.2-03-ISUITE-HO

Request Number: **O-303** PLANS INFORMATION FINANCE INFORMATION If casual, please proceed to section below First Name: DENNIS Last Name: STEVENS Fed/AD/Other: FED (If AD fill out Casual/AD info below) SOF1 Position Held on Fire: Agency: \_\_FS\_\_\_\_ Check-In Date: \_\_05/19/\_\_\_\_ Check-In Time: 0600 (e.g., FFT1, CRWB, PTRC, SCKN) (e.g., NPS, FS, BIA) Home Unit Name: YUBA RIVER RANGER DISTRICT Home Unit: CA-TNF Demob City: \_\_CAMPTONVILLE\_\_ Demob State: CA Home Unit Address: 15924 HIGHWAY 49 (Unit Id) (Final Destination) (Final Destination) CAMPTONVILLE, CA 95922 Method of Travel (circle one): POV AIR BUS If Air: Jetport/Airport: SACRAMENTO \_\_\_\_ Jetport Code: SMF Home Unit Phone #: (530) 288-3231 (3-Letter Code, If Known) Home Unit Fax #: (530) 288-0727 Vehicle Description: PASSENGER W/LOPEZ O-300 If AOV, POV, or BUS: (e.g., Dodge PU, Chevy Sedan) Casual/AD Employees Only Social Security Number: DOOR # 0219 Vehicle ID: (e.g., Gov't Vehicle #, License #, etc.) Is this your first assignment for the calendar year? If rented, where was the vehicle rented: AD Position Held on Fire: (e.g., FFT1, CRWB, PTRC, SCKN) Who is responsible for rented vehicle (Individual's Name, Buying Team AD Classification:\_\_\_\_\_ AD Pay Rate:\_\_\_\_\_ Dispatch Center, etc.):\_\_\_\_\_ Hiring Agency Name: Were you reassigned directly from another incident? YES If Yes: Original Request #: \_\_\_\_\_\_ Name of Incident: Check Mailing Address: First day of first assignment for calculation of 14-day tour: Other Qualifications: DIVS, PSC2 TO BE COMPLETED BY PLANS TO BE COMPLETED BY FINANCE Mobilization Date: <u>05/19/</u> Red Card Checked □ Employee Information Received and Complete First Work Day: 05/19 T-Card Completed Length of Assignment: 14 Entered into Resources □ Entered into Time by (initials): ☐ Manifest (filed & attached)

Updated-January 08, 2009

7.2-04-ISUITE-HO

,	EW NAME TIME			(2) CREW	)		
Flat	thead NF	(4) FIRE NAME Frog Inc	cident	(5) FIRE NUMBER P1ABCD			
(6)	(7)	(8)	(9	9)	,	10)	
RE- ARKS	NAME OF EMPLOYEE	CLASS IFICA	05/	/20		/21	
NO.		TION	ON	OFF	ON	OFF	
T	Lopez, Beth	GS	0400	0800			
			0800	1200			
			1230	1830			
			1900	2000			
					GUARA	NTEE	
11) REM	MARKS	•					
)5/2	1 Sick, Medica	I unit rec	ommen	ded da	ay of res	st.	
12) OFF	ICER-IN-CHARGE (Signature)				r-in-Charge)		
Dixie	Muske		FS				

	CR	ΕW	/ TIME	ERE	POR	T			
. ,	EW NAME DIVS				, ,	CREW N	O-301		
Flat	e responsible for fire	, ,	og Ind	cider	nt	FIRE NU	BCD	0)	
(6)	(7)		(8)	DATE	(9)		DATE (1	0)	
RE- MARKS	NAME OF EMPLOYEE		CLASS IFICA		05/19				
NO.			TION	ON	IIAKT I	OFF	ON	OFF	
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				123	0 2	100			
Н							0530	2030	
(11) REN	AADWG								
	Vorking on unco								
	No lunch break o						ency		
е	vacuation of fire	efig	hter o	n div	ision	Z.			
(12) OFF	ICED IN CHARCE (Character)			1 24	12) Trans F	(Off	n-Charge)		
Sam.	TCER-IN-CHARGE (Signature)				OSC'		ıı-Cnarge)		
	NE (Person Posting to Emergency	Γime F	Report			(15) Da	ite		
						l			

	CR	ΕV	/ TIME	REPO	DRT		
(3) CR	EEW NAME				(2) CREW		
(2) OFFIC	PTRC E RESPONSIBLE FOR FIRE	[/ <b>/</b> / E	FIRE NAME		(5) FIRE N	O-302	
	thead NF			cident		ABCD	
(6)	(7)		(8)		) F 1 <i>F</i>		0)
(0)	(1)		(0)	DATE	<i>-</i> )	DATE	0)
RE- MARKS	NAME OF EMPLOYEE	NAME OF EMPLOYEE		05	/20 RY TIME	05/	
NO.			TION	ON	OFF	ON	OFF
Т	Chambers, He	idi	ADE	0800	1200		
T				1230	1800		
				1800	2230		
			ADH			0600	1200
						1230	1830
						1900	2200
(11) REM	MARKS		]				
Time	e unit leader wa	s il	l. Fille	d in on	05/21	only.	
		J 11		<u> 011</u>	J J, L I	-··· <i>y</i> •	
	TICER-IN-CHARGE (Signature)			(13) T	TLE (Officer-	in-Charge)	
	NE (Person Posting to Emergency	Γime F	Report		(15) D	ate	

	CF	REW	V TIME	EREP	OR	Т		
(4) CRI	SOF1				(2)	CREW N	O-303	
(3) OFFIC	E RESPONSIBLE FOR FIRE	(4) F	FIRE NAME		(5)	FIRE NU	JMBER	
Flat	head NF	Fr	og Ind	cident	:	P <sub>1</sub> A	BCD	
(6)	(7)		(8)		(9)			0)
RE- MARKS	NAME OF EMPLOYEE		CLASS IFICA		5/19		05 <i>i</i>	
NO.		TION MILITARY		_		MILITAF		
	O( D		00	ON	_	OFF	ON	OFF
	Stevens, Deni	าเร	GS	0600		200 830		
				1230 1900	_	200		
Н				1300		200	0600	1200
••							1230	2030
							1200	2000
(11) REM	ADVC							
	azard Pay on (							
	ssisting in eme	erge	ency ev	vacuat	ion	of fil	refighte	r
OI	n division Z.							
(12) OEE	CER-IN-CHARGE (Signature)			(12)	тіті г	(Officer:	n-Charge)	
Don T	Fisch				T1	(OHICET-1	п-спагде)	
(14) NAN	E (Person Posting to Emergency	Time I	Report			(15) Da	ite	

### **CREW CHECK-IN SHEET**

Request Number: C-300	
PLANS INFORMATION	FINANCE INFORMATION
Crew Name & Designator: Tahoe IHC Agency: FS  (e.g., Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM)  Agency: FS Check-In Date: 05/21/ Check-In Time: 1800	Please attach a complete manifest for the crew, including complete names for all crew-members. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.  Federal/State Employees
Home Unit: CA-TNF (3-Letter Identifier)  Method of Travel (circle one): AOV  POV AIR BUS  If Air: Jetport/Airport: Jetport/Airport: Jetport Code: SMF (3-Letter Code, If Known)  If AOV, POV, or BUS: Vehicle Description: INTERNATIONAL CREW HAUL	Name Social Security Number Crew Position Home Unit Name Home Unit Address Home Unit Phone # Home Unit Fax #
Vehicle Description: INTERNATIONAL CREW HAUL  (e.g., Dodge PU, Chevy Sedan)  Vehicle ID: 7065 AND 7066  (e.g., Gov't Vehicle #, License #, etc.)  If rented, where was the vehicle rented:  Who is responsible for rented vehicle (Individual's Name, Buying Team Dispatch Center, etc.):  Were you reassigned directly from another incident? YES NO  If Yes: Original Request #: Name of Incident:	Casual (AD/EFF) Employees  First Assignment for Calendar Year? Name Social Security Number Crew Position AD Classification (AD-2, AD-3, etc.) AD Rate Hiring Unit Name Hiring Unit Address Hiring Unit Phone # Check Mailing Address
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE
Mobilization Date: _05/21	☐ Crew Information Received and Complete ☐ Entered into Time by (initials):
Request # C-300  Crew Type ■ I □ II (Initial Attack) □ II (Other)	

	INCIDENT NAME:				Frog Incident		TSHOT MA		Vehicle	2728
		AC	COUNTING CODE:		P1ABCD	TAHOE N	IATIONAL FO	REST	Door #'s	7065
			OVER RIDE:			YUBA RIVE	R RANGER D	ISTRICT	]	7066
	REQUEST #:				C-300	1592	4 HIGHWAY 4	.9		
			DATE:		5/21/	CAMPTO	AMPTONVILLE, CA 95922			
							53 FAX (530)			
						(===)	()			
					1			WEIGHT	·	
SS#	POSITION	AD RATE	LAST NAME	MI	FIRST NAME	HELICOPTER	BODY	WEBGEAR	PERSONAL FIRE BAG	LARGE AIR TRANSPORT
	CRWB		COWELL	Α	RICK	215	180	35	20	220
	FFT1		WHITE	Η	TODD	245	205	40		250
	FFT1		RICE	J	ERIC	230	185	45		235
	FFT2		ROJAS		TIRSO	225	185	40	25	230
	FFT2		CUTLER	Ι	JUSTIN	245	200	45	20	250
	FFT1		HICKEY		FRANCIS	250	215	35		255
	FFT2		MOSHETTI	S	BRAD	250	210	40		255
	FFT2		FLATTLEY	D	ISAAC	220	185	35	20	225
	FFT2		LAFERRIERE	М	DUSTIN	225	190	35		230
	FFT2		GHISLETTA		THOMAS	230	195	35	25	235
	FFT2		RIVADENEYRA		DAMIEN	215	180	35	20	220
	FFT2		CROSTHWAIT	Η	CHAD	220	185	35		225
	FFT2		O'DONNEL		ANDREW	255	220	35	25	260
999-99-9999	FFT1	AD-D	RICE		GRAHM	195	155	40		200
	FFT2		McCANDLESS		CHRIS	225	190	35		230
	FFT2		BRANTLEY		JEFF	220	185	35		225
	FFT2		MELLEIN	Α	AARON	190	155	35	20	195
	FFT1		GUILOFYLE		MARY KATE	180	145	35	25	185
	FFT2		MILLER		MIKE	195	160	35		200
	FFT2		SWITZER		ADAM	170	135	35		175
	FFT2		LUIS		GOMEZ	215	175	40	25	220
			01	ID T	OTALC					
OLIDDODT FO	IIDMENT DAY				OTALS				WEIGHT	
SUPPORT EQU	JIPMENT-RAI	DIO PACK-	TIME PACK						WEIGHT	40
CHAINSAWS									WEIGHT	120
									WEIGHT	40
HAND I OOLS									WEIGHT	60
								TO	TAL WEIGHT	4980

Updated-January 08, 2009 7.4-02-ISUITE-HO

### **ENGINE CHECK-IN SHEET**

Request Number:	E-300	

### AGENCY-OWNED ENGINE

### **CONTRACT ENGINE**

Engine Name & Designator: CA-TNF EN	NGINE 31 Mt. Hood #6435)			Contractor/Cooperator Name:		
Kind: ENG3 Agency: FS (e.g., FS, NPS, BIA)	figuration: S	(S, ST, TF)		Address:		
Check-In Date: 05/20/ Che	ck-In Time:			Check-In Date:	Check-In Time:	
(State and 3-Letter Identifier)  Vehicle Description:	(Final Des	stination)	(Final Destinat	Vehicle Description:	e 1 Ton, Ford F-250 & specify i	
Vehicle ID: DOOR #9545  Gove:  Does your engine have foam capability?  Were you re-assigned directly from another inciden IF YES: Original Request #  First day of first assignment in the state of the state o	Name of Incide			Does your engine have foam capability? Were you re-assigned directly from another in IF YES: Original Request # First day of first assignment for calculated to the capability of the capa	Name of Incident:	CAFS? YES NO
Please List Crew Members:				Home Unit or		
<u>Name</u>	Social Security #	AD/Fed/Other	<b>Home Unit</b>	*Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - CAMPBELL, MICHAEL		FED	CATNF	<u>15924 HIGHWAY 49</u>	(530) 555-5555	(530) 555-1212
ENOP - PRINCE JAMES		FED	CATNF	CAMPTONVILLE, CA 95922		
FFT2 - CARSON, CLINT		FED	CATNF	<u> </u>		
FFT1 - SAUTER, DANIEL		FED	CATNF	<u> </u>		
FFT1 - SMITH, ADAM		FED	CATNF	ш "		
*Check mailing address for AD employees only						
TO BE COMPLETED BY P	LANS			TO BE CO	MPLETED BY FINANCE	
Mobilization Date: _05/20/ First Work Day: _05/21 Length of Assignment: _12	☐ T-Card © Entered	d Checked Completed into Resources t (filed & attached)			on Received and Complete (initials):	_

Updated-January 08, 2009 7.4-03-ISUITE-HO

	CF	REV	V TIM	E REP	ORT		
,	EW NAME  TAHOE IHC				(2) CREW N	C-300	
	E RESPONSIBLE FOR FIRE		IRE NAME		(5) FIRE NU		
	head NF	Fr		cident		BCD	
(6)	(7)		(8)	DATE (	9)	DATE (*	10)
RE-			CLASS		/21		/22
MARKS NO.	NAME OF EMPLOYEE		IFICA TION		RY TIME		RY TIME
110.			11011	ON	OFF	ON	OFF
Т	COWELL +20			1200	1800		
				1800	2300		
Н	COWELL (ONL)	Λ		1000		0530	1200
	COVILLE (ONL)	'/					ļ
Н						1230	2030
Н	+20					0600	1200
Н						1230	2030
	ALDERA .						
(11) REM	1ARKS						
H- V	Vorking on unco	ntro	olled f	ire line			
(10) OFF	TOED IN CHARGE (C)			1			
(12) OFF. <b>Sam .</b>	ICER-IN-CHARGE (Signature)				ITLE (Officer-	in-Charge)	
	NE (Person Posting to Emergency ?	Time D		OS		to.	
(14) NAN	NE (Person Posting to Emergency	ı ime R	eport		(15) Da	te	

	CF	REV	V TIN	IE REP	ORT		
( )	EW NAME  TAHOE ENGI	NE:	31		(2) CREW N	E-300	)
Flat	thead NF			cident		BCD	
(6) RE- MARKS	(7)  NAME OF EMPLOYEE		(8) CLASS IFICA	DATE	<sup>9)</sup> /20	DATE	5/21
NO.	NAME OF LIMPLOTEE		TION	MILITA ON	RY TIME OFF	MILITARY TIME ON OFF	
Н	CAMPBELL+4	ļ		1800	2400		
Н						0001	0100
Н						0130	0630
(11) REM	1ARKS						
H- V	Vorking on unco	ntro	lled f	ire line			
<u> </u>				0			
(12) OFF Sam.	ICER-IN-CHARGE (Signature)				TTLE (Officer-	in-Charge)	
-	NE (Person Posting to Emergency T	Γime Re	port	08	(15) Dat	e	

# EQUIPMENT CHECK-IN SHEET

Request Number: <b>L-301</b>						
Equipment : ABC DOZER		Company Name: 1	ABC ENTERP	RISES		<u>-</u>
Kind: DOZ2 Agency: PVT		Agreement #	34-IBET-05	-223		<u>-</u>
Primary Operator's Name: DAN SMITH		Check-In Date:	05/20/	Check-In Time:	0730	-
If ordered for a double shift, is there a relief operator available? YES NO			<u>FINA</u>	NCE INFORMAT	<u>TON</u>	
Relief Operator's Name:		Casual (AD/EFI	F) Employees Only	:		
Vehicle or Equipment ID: SN 12T4756		Is this your first ass	signment for the calen	dar year? YES	NO	
(Serial #)  Demob City/State: GRASS VALLEY, CA		Employee Name:				
Were you reassigned directly from another incident? YES NO  If Yes: Original Request #: Name of Incident:		Check Mailing Add	dress:			
First day of first assignment for calculation of 14-day tour:		Social Security Nu	mber:			
Is there another operator available after the primary operator reaches the 14-day limit?	YES NO	AD Position Held	on Fire:			
For Heavy Equipment:		AD Classification:			AD Pay Rate:	
Make & Model: CAT D6-C  Is there a lowboy with your equipment?  Is lowboy staying at incident? YES NO  Does the equipment have lights for night operation?  Does the equipment have four-wheel-drive? YES NO	02					
For Water Tenders and other equipment with water tanks: Tank Capacity:	Gal.	Type I ® Type	II ® Type III ®			
		SK-1 ® SK-2	<b>8</b> SK-3 <b>8</b>	SK-4 ® SK-5 ®		
For Sawyers: Faller qualifications: Class A ® Class B ® Class C ®						
Other special capabilities/specifications of equipment: <u>INCLUDES BLAD</u>	E, WINCH, 6	LIGHTS, TIL	T BLADE AN	D SCREENED (	CANOPY	
TO BE COMPLETED BY PLANS		=========		TO BE COMP	LETED BY FINANCE	
Mobilization Date: 05/19/ 8 Red Card Checked First Work Day: 8 T-Card Completed	1			•	eceived and Complete	
Length of Assignment: ® Entered into Resor	urces		8 Enter	ed into Time by (ini	tials):	

Updated-January 08, 2009 7.6-01-ISUITE-HO

### **EMERGENCY EQUIPMENT RENTAL AGREEMENT**

1. ORDERING OFFICE (name and address)  FOREST SERVICE  INCIDENT PAYMENT CENTER  324 25 <sup>TH</sup> STREET  OGDEN, UT 84401			2. AGREEME 34-IBET AMEND	ENT NUMBE -05-223 0 5/19/	TO THIS AGR	-	PAPERS RELATING
			3. EFFECTIV a. beginning			b. ending 0	14-30-
4. CONTRACTOR a. name and a ABC ENTERPRISES	ddress		5. POINT OF		ion when hired		
DANIEL G. SMITH				LOCATIO	MAI IIIVIL	OI IIIKE	
2231 PARADISE DRIVE			-	RK RATE IS URNISHED		ALL OPERA	TING SUPPLIES
GRASS VALLEY, CA 95678				ONTRACTO		GOVERNME	ENT
b. SSN or Tax ID#							
c. telephone number (day)  d. telephone number (night)			7. OPERAT	OR FURNIS			
8. TYPE OF CONTRACTOR (X &	unnranriata hayas)		<u>x</u> CC	ONTRACTOR	R (	GOVERNME	ENT
x SMALL BUSINESS ☐ LARGE BU		DISADVANTAGED C	OWNED - WO	MEN OWNED	□ LABOR S	SURPLUS AR	EA 🗆 LOCAL GOVT.
9. ITEM DESCRIPT	-	10. NUMBER OF	11. WORK C	R DAILY	12. SPE	CIAL	13. GUARANTEE
(Include make, model, year, serial # and accessories)		OPERATORS	a. rate	b. unit	a. rate	b. unit	(8 or more hours)
DOZER (CLASS II E) 1976 CAT D6-C, SN:12T4756, W/BLADE, WINCH, 6 LIGHTS, TILT BLADE, SCREENED IN CANOPY, 2 <sup>ND</sup> OPERATOR RATE \$1100.00/DAY			\$106.00	HOUR			852.00/DAY
CHAINSAW (67 TO 89 CC) FA STIHL 046, SN: 23454412, 36' 046, SN: 345543332, 36: BAR TRANSPORTATION OF FALL INCLUDED IN RATE	' BAR, STIHL		\$71.00	HOUR			\$568.00/DAY
14. SPECIAL PROVISIONS			-	•			
THE RATES 'WITH 2 OPERAT OPERATORS ARE FURNISHE	ED.				RED WITH 2	OPERATO	PRS AND 2
SE PLATED EQUIPMENT INS	PECTION DATED	: 04/07/ GOOI	D THRU: 04/0	8/			
THE ATTACHED GENERAL P 5/19/ AMEND TO DROP SV					_		
TRANSPORTATION FOR CHA	INSAW FALLER I	JNIT IS INCLUD	DED IN UNIT F	RATE			
15. CONTRACTOR'S OR AUTHORIZE /s/ DANIEL G. SMITH	D AGENTS SIGNATUR	16. DATE 05-23-	17. CONTRACT		R'S SIGNATUR	E	18. DATE 05-24-
19. PRINT NAME AND TITLE			/s/ KATHRYN GRIFFIN 05-24-  20. PRINT NAME AND TITLE  KATHRYN CRIFFIN CONTRACTING OFFICER				

DANIEL G. SMITH, OWNER
NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

# EQUIPMENT CHECK-IN SHEET

Request Number: <b>E-302</b>	
Equipment:JONES TRANSPORT	Company Name: JONES TRUCKING
Kind: <u>LOWB</u> Agency: <u>PVT</u>	Agreement #55-IBET-02-048
Primary Operator's Name: FRANK JONES	Check-In Date:05/20/
If ordered for a double shift, is there a relief operator available? YES NO	FINANCE INFORMATION
Relief Operator's Name:	Casual (AD/EFF) Employees Only:
Vehicle or Equipment ID: LN 7YEIURR  (Serial #)	Is this your first assignment for the calendar year? YES NO
Demob City/State: NORTH SAN JUAN, CA	Employee Name:
Were you reassigned directly from another incident? YES NO  If Yes: Original Request #: Name of Incident:	Check Mailing Address:
First day of first assignment for calculation of 14-day tour:	Social Security Number:
Is there another operator available after the primary operator reaches the 14-day limit? YES NO	AD Position Held on Fire:
For Heavy Equipment:	AD Classification: AD Pay Rate:
Make & Model: KENWORTH 3S2 COMBO Is there a lowboy with your equipment? YES NO Is lowboy staying at incident? YES NO  Light Medium If yes: E#	
Does the equipment have lights for night operation? YES NO	
Does the equipment have four-wheel-drive? YES NO	
For Water Tenders and other equipment with water tanks: Tank Capacity: Gal	. Type I ® Type II ® Type III ®
	SK-1 ® SK-2 ® SK-3 ® SK-4 ® SK-5 ®
For Sawyers: Faller qualifications: Class A ® Class B ® Class C ®	
Other special capabilities/specifications of equipment: THIS IS TRANSPORT FOR E	-301 ABC DOZER
TO DE COLOR PERD DV DV AVG	
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE
Mobilization Date: 05/19/ ® Red Card Checked	® Employee Information Received and Complete
First Work Day:   Length of Assignment:   B. Entered into Resources	(8) Entered into Time by (initials):

Updated-January 08, 2009 7.6-03-ISUITE-HO

### **EMERGENCY EQUIPMENT RENTAL AGREEMENT**

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25 <sup>TH</sup> STREET OGDEN, UT 84401  4. CONTRACTOR a. name and address JONES TRUCKING FRANK M. JONES PO BOX 349 NORTH SAN JUAN, CA 95961  b. SSN or Tax ID# c. telephone number (day) d. telephone number (night)			AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT  2. AGREEMENT NUMBER 55-IBET-02-048  3. EFFECTIVE DATES a. beginning 05-01- b. ending 04-30-  5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE  6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY X CONTRACTOR GOVERNMENT				
c. telephone number (day)  d. telephone number (night)			7. OPERAT	OR FURNIS		GOVERNME	ENT
8. TYPE OF CONTRACTOR (X a x SMALL BUSINESS ☐ LARGE BU		DISADVANTAGED O	WNED 🗆 WO	MEN OWNE	D 🗆 LABOR S	SURPLUS AR	EA 🗆 LOCAL GOVT.
9. ITEM DESCRIPTION 10. NUMBER			11. WORK C	R DAILY	12. SPE	CIAL	13. GUARANTEE
(Include make, model, year, serial # and accessories)		OF OPERATORS	a. rate	b. unit	a. rate	b. unit	(8 or more hours)
3S2 COMBINATION (18 WHEE KENWORTH, VIN: 1HTYK209) LIC: 7YEIURR 1966 CALLAHAN BEVERTAIL VIN: 32233, LIC: 7YU9009 1999 CPS END DUM, LIC: 9YE	1	\$2.95	MILE			1033.00/DAY	
14. SPECIAL PROVISIONS							
MILAGE FOR TRANSPORT PA	CTED, IN WRITIN	G, TO REMAIN.					
THE ATTACHED GENERAL PI		E 16. DATE	17. CONTRA	CTING OFFIG	CER'S SIGNATU		18. DATE
/s/ FRANK M. JONES  19. PRINT NAME AND TITLE		06-10-	/s/ KATHRYN 20. PRINT NA		LE		06-10-
FRANK M. JONES, OWNER					I, CONTRACTI	NG OFFICE	₽

NSN 7540-01-121-8825 PREVIOUS EDITION NOT USABLE

# EQUIPMENT CHECK-IN SHEET

Request Number: <u>E-303</u>				
Equipment : WATER WORKS WT		Company Name: W	ATER WORKS	
Kind: WAT1 Agency: PVT		Agreement #	54-IBET-02-099	
Primary Operator's Name: <u>JANET ROBINS</u>	ON	Check-In Date:	05/20/ Check-In Time	1830
If ordered for a double shift, is there a relief operator a	available? YES NO		FINANCE INFORMA	TION
Relief Operator's Name:		Casual (AD/EFF) I	Employees Only:	
Vehicle or Equipment ID: <u>LN 5T99890</u>	(Serial #)	,	nment for the calendar year? YES	NO
Demob City/State: GRASS VALLEY, CA	1			
Were you reassigned directly from another incident?  If Yes: Original Request #: Name	YES NO of Incident:	Check Mailing Addres		
First day of first assignment for calculation of 14-day	tour:	Social Security Number	er:	
Is there another operator available after the primary of	perator reaches the 14-day limit? YES NO	AD Position Held on F	Fire:	
For Heavy Equipment:		AD Classification:		AD Pay Rate:
Make & Model: INTERNATIONAL 400 Is there a lowboy with your equipment? YES Is lowboy staying at incident? YES NO	NO GAL Light Medium Heavy  If yes: E#			
Does the equipment have lights for night operation?	YES NO			
Does the equipment have four-wheel-drive? YES	NO			
For Water Tenders and other equipment with water	er tanks: Tank Capacity:4000	Gal. Type I ® Type II ©	<b>®</b> Type III <b>®</b>	
		SK-1 ® SK-2 ®	SK-3 ® SK-4 ® SK-5 ®	
For Sawyers: Faller qualifications: Class A ®	Class B ® Class C ®			
Other special capabilities/specifications of equipme	ent:			
TO BE COMPLETED				PLETED BY FINANCE
Mobilization Date: 05/20/ First Work Day: Length of Assignment:	<ul><li>8 Red Card Checked</li><li>8 T-Card Completed</li><li>8 Entered into Resources</li></ul>		<ul> <li>Employee Information</li> <li>Entered into Time by (i)</li> </ul>	Received and Complete
. 6				· ·· · / · <del> </del>

Updated-January 08, 2009 7.6-05-ISUITE-HO

### **EMERGENCY EQUIPMENT RENTAL AGREEMENT**

INCIDENT PAY 324 25 <sup>TH</sup>	address) SERVICE MENT CENTER STREET UT 84401		2. AGREEMEN 54-IBET-02	ENT NUMBE	TO THIS AGR		PAPERS RELATING
			3. EFFECTIV	_		b. ending 0	14-30-
4. CONTRACTOR a. name and ac WATER WORKS	ddress		5. POINT OF		tion when hired N AT TIME		
JANET ROBINSON							
13344 DILLON ROAD			-	RK RATE IS URNISHED		ALL OPERAT	TING SUPPLIES
GRASS VALLEY, CA 95945				ONTRACTO		GOVERNME	ENT
b. SSN or Tax ID#							
c. telephone number (day)	d. telephone numbe	r (night)	7. OPERAT	OR FURNIS	SHED BY		
			<u>x</u> CC	ONTRACTO	R(	GOVERNME	ENT
8. TYPE OF CONTRACTOR (X ap X SMALL BUSINESS   LARGE BUSINESS		ISADVANTAGED O	WNED X WO	MEN OWNED	D 🗆 LABOR S	SURPLUS ARE	EA 🗆 LOCAL GOVT.
ITEM DESCRIPTION     (Include make, model, year, serial # and accessories)     OF			11. WORK C	OR DAILY	12. SPE	CIAL	13. GUARANTEE
(include make, model, year, senai # and accessories)		OPERATORS	a. rate	b. unit	a. rate	b. unit	(8 or more hours)
WATER TENDER (2500+ GAL) 1991 INTERNATIONAL, LIC: 5' 2 <sup>ND</sup> OPERATOR RATE \$2496.0	Т99890,	1	\$1611.00	DAY	\$150.00	DAY	COMM PLATE
14. SPECIAL PROVISION	9						
THE RATES "WITH 2 OPEI AND 2 OPERATORS ARE I	RATORS" WILL FURNISHED.						
WATER TENDERS: FULLY RATED ON FIRST AND LA		HICLES, ADD	\$150.00 TO	THE DAI	LY RATE.	THE RAT	E IS PRO-
15. CONTRACTOR'S OR AUTHORIZED /s/ JANET ROBINSON	O AGENTS SIGNATURI	16. DATE 05-13-	17. CONTRA /s/ KATHRYN		CER'S SIGNATU	JRE	18. DATE 05-28-
19. PRINT NAME AND TITLE JANET ROBINSON, OWNER			20. PRINT N. KATHR		LE I, CONTRACT	ING OFFICE	:R

NSN 7540-01-121-8825 PREVIOUS EDITION NOT USABLE

# EQUIPMENT CHECK-IN SHEET

Request Number: E-304	
Equipment : MARTIN PICKUP	Company Name: RICHARD MARTIN
Kind: PU Agency: PVT	Agreement #54-IBET-02-048
Primary Operator's Name: RICHARD MARTIN	Check-In Date: Check-In Time:
If ordered for a double shift, is there a relief operator available? YES NO	FINANCE INFORMATION
Relief Operator's Name:	Casual (AD/EFF) Employees Only:
Vehicle or Equipment ID: LN 3P38744	Is this your first assignment for the calendar year? YES NO
(Serial #)	Employee Name:
Demob City/State: CAMPTONVILLE, CA	Check Mailing Address:
Were you reassigned directly from another incident? YES NO  If Yes: Original Request #: Name of Incident:	Check Mahing Paddress.
First day of first assignment for calculation of 14-day tour:	Social Security Number:
Is there another operator available after the primary operator reaches the 14-day limit? YES NO	AD Position Held on Fire:
For Heavy Equipment:	AD Classification: AD Pay Rate:
Make & Model: FORD F250 4X4 Light Medium Heavy Is there a lowboy with your equipment? YES NO If yes: E# Is lowboy staying at incident? YES NO	
Does the equipment have lights for night operation? YES NO	
Does the equipment have four-wheel-drive? YES NO	
For Water Tenders and other equipment with water tanks: Tank Capacity: Gal.	Type I ® Type II ® Type III ®
	SK-1 ® SK-2 ® SK-3 ® SK-4 ® SK-5 ®
For Sawyers: Faller qualifications: Class A ® Class B ® Class C ®	
Other special capabilities/specifications of equipment:	
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE
Mobilization Date:	Employee Information Received and Complete      Entered into Time by (initials):

Updated-January 08, 2009 7.6-07-ISUITE-HO

### **EMERGENCY EQUIPMENT RENTAL AGREEMENT**

1. ORDERING OFFICE (name and address)  FOREST SERVICE  INCIDENT PAYMENT CENTER  324 25 <sup>TH</sup> STREET  OGDEN, UT 84401			AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT  2. AGREEMENT NUMBER 54-IBET-02-048				
			3. EFFECTIVE DATES a. beginning 05-01- b. ending 04-30- 5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE				
4. CONTRACTOR a. name and a RICHARD MARTIN	address						
PO BOX 33 CAMPTONVILLE, CA 95922			BEING F	PRK RATE IS FURNISHED ONTRACTO	BY	ALL OPERA	TING SUPPLIES
b. SSN or Tax ID#							
c. telephone number (day)  d. telephone number (night)			7. OPERAT	OR FURNIS		GOVERNME	-NT
8. TYPE OF CONTRACTOR (X a	appropriate boxes)		<u> </u>	ONTINACTO		GOVERNIVIE	-111
X SMALL BUSINESS ☐ LARGE BU		DISADVANTAGED O	WNED   WOI	MEN OWNED	□ LABOR S	SURPLUS ARE	A 🗆 LOCAL GOVT.
ITEM DESCRIPTION     (Include make, model, year, serial # and accessories)		10. NUMBER OF	11. WORK (	OR DAILY	12. SP	ECIAL	13. GUARANTEE (8 or more hours)
		OPERATORS	a. rate	b. unit	a. rate	b. unit	(e er mere neare)
PU 4X4 (3/4 TON) 1967 FORE VIN: R49HRE98908, LIC: 3P3	•		\$1.03	MILE			\$103.00/DAY
PU 4X4 (3/4 TON) 1978 FORE VIN: R59RMII3455, LIC: 3R90			\$1.03	MILE			\$103.00/DAY
14. SPECIAL PROVISIO	NS						
5) PICKUPS/SEDANS/ST/ OPERATOR. THE CONTR COMPLY WITH ALL INSU 6) THE ATTACHED GENE	ACTOR IS RESI RANCE AND LIG	PONSIBLE FO CENSE REQUI	R FUEL AN REMENTS	D MAINTE OF THE S	ENANCE. TATE OF	THE CONT	RACTOR SHALL NIA.
o,z winding of the							<u>_</u>
15. CONTRACTOR'S OR AUTHORIZ	ED AGENTS SIGNATUR	16. DATE 05-18-	17. CONTRA		CER'S SIGNAT	URE	18. DATE 07-03-
19. PRINT NAME AND TITLE	ı	20. PRINT NAME AND TITLE					

NSN 7540-01-121-8825 PREVIOUS EDITION NOT USABLE

### **CREW CHECK-IN SHEET**

Request Number: C-301	_		
	PLANS INFORMATION		FINANCE INFORMATION
Crew Name & Designator: (e.g., Bla		PVT , FS, NPS, BIA, BLM)	Please attach a complete manifest for the crew, including complete names for all crew-members. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.
Check-In Date: <u>05/21/</u>	Check-In Time:		Contract Information
Home Unit: OR-R06 (3-Letter Identifier)  Method of Travel (circle one): AOV  If Air: Jetport/Airport:	(Final Destination)  POV AIR BUS  Jetport Code:	State: OR (Final Destination)  (3-Letter Code, If Known)	Company Name: <u>Grayback Forestry</u> EIN Number: 99-9999999 Agreement Number: <u>53-024B-2-2336</u> Address: <u>111 Main Street</u> City, ST Zip: <u>Grants Pass, OR 97526</u> Phone Number: <u>503-555-1212</u>
If AOV, POV, or BUS:	Vehicle Description: <u>INTERNATIONAL</u> (e.g., Dodge PU, C		
	Vehicle ID: LN 125V44  (e.g., Gov't Vehicle #, Licens		
	If rented, where was the vehicle rented: Who is responsible for rented vehicle (Individual's I Dispatch Center, etc.):		
Were you reassigned directly from another	incident? YES NO		
If Yes: Original Request #:	Name of Incident:		
TO BE COMPL	ETED BY PLANS		TO BE COMPLETED BY FINANCE
Mobilization Date: _05/21/ First Work Day:05/22/_ Length of Assignment:	Red Card Checked T-Card Completed Entered into Resources Manifest (filed & attache	ed)	☐ Crew Information Received and Complete ☐ Entered into Time by (initials):
Request # C-301  Crew Type	■ II (Initial Attack) □ I	I (Other)	

Updated-January 08, 2009

# Schedule of Services NATIONAL TYPE 2 & 2IA HANDCREW SERVICES

			January	1. 2005			
ITEM No.	Contract No. & Mandatory Availability Period	Contractor	Crew Type	National Contract Crew Number NCC#	HOST UNIT COORDINATION CENTER	EMERGENCY DISPATCH RATES 2005	PROJECT RATES 2005
				1100#	NORTHWEST		
	6/1 - 9/30	WENATCHEE N.F.					
1a	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA		Wenatchee, WA	\$35.00	\$29.00
1b	53-024B-2-2340	FERGUSON MGMT. CO.	IA	NCC-1B	Wenatchee, WA	\$36.50	\$27.50
0-	6/1 - 9/30	COLVILLE N.F.	14	NOC OA	O-1. :III- NA/A	<b>#20.00</b>	<b>#00.00</b>
2a 2b	53-024B-2-2339 53-024B-2-2339	MILLER TIMBER SERV., INC. MILLER TIMBER SERV., INC.	IA IA		Colville, WA Colville, WA	\$32.00 \$32.00	\$23.00 \$23.00
20	JJ-024D-2-2JJJ	WILLER TIMBER SERV., INC.	IA	NCC-2D	Colvine, WA	φ32.00	φ23.00
	6/1 - 9/30	WALLOWA/WHITMAN N.F.					
3a	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-3A	LaGrande,,OR	\$34.00	\$25.00
3b	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-3B	LaGrande,,OR	\$34.00	\$25.00
	6/1 - 9/30	UMATILLA N.F.					
4a	53-024B-2-2340	FERGUSON MGMT. CO.	IA		Pendleton, OR	\$35.50	\$27.50
4b	53-024B-2-2340	FERGUSON MGMT. CO.	IA	NCC-4B	Pendleton, OR	\$35.50	\$27.50
	6/1 - 9/30	MALHEUR N.F.	_				
5a	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-5A	John Day, OR	\$33.00	\$25.00
5b	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-5B	John Day, OR	\$33.00	\$25.00
						Your	<del></del>
	6/1 - 9/30	DESCHUTES N.F.					
6a	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA		Bend, OR	\$35.00	\$29.00
6b	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA		Bend, OR	\$35.00	\$29.00
6c	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA		Bend, OR	\$35.00	\$29.00
6d	53-024B-2-2335 6/1 - 9/30	PATRICK ENVIRONMENTAL SISKIYOU N.F.	IA	NCC-6D	Bend, OR	\$35.00	\$29.00
	0/1 - 9/30	SISKITOU N.F.					
7a	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-7A	Grants Pass, OR	\$33.00	\$24.00
7b	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA		Grants Pass, OR	\$33.00	\$24.00
7c	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-7C	Grants Pass, OR	\$33.00	\$24.00
	6/1 - 9/30	WINEMA N.F.					
8a	53-024B-2-2333	GH RANCH, LLC	IA		Klamath Falls, OR	\$34.00	\$28.75
8b	53-024B-2-2333	GH RANCH, LLC	IA		Klamath Falls, OR	\$34.00	\$28.75
8c	53-024B-2-2333	GH RANCH, LLC	IA	NCC-8C	Klamath Falls, OR	\$34.00	\$28.75
	6/1 - 9/30	WILLAMETTE N.F.					
9a	53-024B-2-2342	SKOOKUM REFOREST., INC.	IA	NCC-9A	Oakridge, OR	\$27.00	\$27.00
9b	53-024B-2-2342	SKOOKUM REFOREST., INC.	IA	NCC-9A	Oakridge, OR	\$27.00	\$27.00
	7/15 - 10/15	HELENA N.F.			NORTHERN ROCKIES	<b>V</b> =1.00	<del></del>
11a	53-024B-2-2332	WASHBURN CONT. SERV., INC.	IA	NCC-11A	Helena, MT	\$40.00	\$27.05
	7/15 - 10/15	LEWIS & CLARK N.F.					
12a	53-024B-2-2332	WASHBURN CONT. SERV., INC.	IA	NCC-12A	Great Falls, MT	\$40.00	\$27.05
	7/15 - 10/15	IDAHO PANHANDLE N.F.					
13a	53-024B-2-2338	GFP ENTERPRISES, INC.	IA	NCC-13A	Coeurd'Alene, ID	\$32.00	\$20.50
13b	53-024B-2-2338	GFP ENTERPRISES, INC.	IA		Coeurd'Alene, ID	\$32.00	\$20.50
					,	Ţ32.00	<del>+-3.00</del>
					NORTHERN ROCKIES		
	7/15 - 10/15	LOLO N.F.					
14a	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA		Missoula, MT	\$36.00	\$28.00
14b	53-024B-2-2340	FERGUSON MGMT. CO.	IA	NCC-14B	Missoula, MT	\$37.00	\$27.50

EMERGE	E-301									
NOTE: The resp 1. AGREEMEN 34-IBET	NT NUMBER	?	will update	e this form each day or s	shift and mal	ake initial and final equipment inspections.  2. CONTRACTOR (name)  ABC ENTERPRISES				
3. INCIDENT OR PROJECT NAME FROG INCIDENT MT-BRF-000						5. OPERATOR (name) DANIEL SMITH				
6. EQUIPMEN	T MAKE			7. EQUIPMENT MO	DEL	8. OPERATOR FURNISHED BY				
CAT				D6-C		☑ CONTRACTOR ☐ G	OVERNMENT			
9. SERIAL NU	MBER			10. LICENSE NUME	BER	11. OPERATING SUPPLIES FURNISHED BY				
12T475	6			N/A		☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)				
12. DATE MO/DAY/YR	13. EQUIF	MENT USE		C/DAYC/MU FC /-i	( <u>)</u>	14. REMARKS (released, down time and d	cause, problems, etc.)			
WO/DAT/TK	START	STOP	WORK	S/DAYS/MILES (circ. SPECIAL	ie orie)					
05/19	1500	2400	9.0	TRAVEL						
05/20	0730	1230	5.0	DIV Z		15. EQUIPMENT STATUS  ☑ a. Inspected and under agreer	ment			
05/20	1300	2000	7.0	) " "		☐ b. Released by Government☐ c. Withdrawn by Contractor				
05/21 0600 2100 15.0 " "						16. INVOICE POSTED BY (Recorder's	,			
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE  **Baniel Smith**					18. GOV Sam L	ERNMENT OFFICER'S SIGNATURE Gee	DATE SIGNED 05/21/			

	EMERGENCY EQUIPMENT SHIFT TICKET  E-302  NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMEN 55-IBET	NT NUMBER	?	wiii apaaa	s una form cach day of a	imi ana mai	2. CONTRACTOR (name)  JONES TRUCKING				
3. INCIDENT				4. INCIDENT NUME MT-BRF-00	000	5. OPERATOR (name) FRANK M. JONES				
6. EQUIPMENT MAKE 7. EQUIPMENT MO SENWORTH 3S2-18 WH						8. OPERATOR FURNISHED BY  ☑ CONTRACTOR ☐ G	OVERNMENT			
9. SERIAL NUMBER 10. LICENSE NUMBER 7YEIURR						11. OPERATING SUPPLIES FURNISH  ☐ CONTRACTOR (wet) ☐ G	HED BY OVERNMENT <i>(dry)</i>			
12. DATE MO/DAY/YR	13. EQUIP	STOP		S/DAYS/MILES (circ	le one)	14. REMARKS (released, down time and cause, problems, etc.)  Ordered to stay w/Cat E-301 for mov during incident.				
05/19	1500	2400	9.0	100 MILE	S					
05/20	0730	1230	5.0	28 MILE	S	15. EQUIPMENT STATUS  ☑ a. Inspected and under agreen ☐ b. Released by Government	nent			
05/20	1300	2000	7.0	85 MILE	S	c. Withdrawn by Contractor				
05/21 0600 2100 15.0 50 MILES						16. INVOICE POSTED BY (Recorder's	s initials)			
						ERNMENT OFFICER'S SIGNATURE Gee	DATE SIGNED 05/21/			

EMERGEN	E-303									
1. AGREEMEN			viii apaat	and renn each day or e	int ara mar	2. CONTRACTOR (name)				
54-IBET-02-099						WATER WORKS				
3. INCIDENT				4. INCIDENT NUME	BER	5. OPERATOR (name)				
FROG IN	1CIDE1	NT		MT-BRF-00	000	JANET ROBINSON				
6. EQUIPMEN	T MAKE			7. EQUIPMENT MO	DEL	8. OPERATOR FURNISHED BY				
INTERN	ATION	AL		4000 GAL		☑ CONTRACTOR ☐ G	OVERNMENT			
9. SERIAL NU	MBER			10. LICENSE NUME	BER	11. OPERATING SUPPLIES FURNISH	HED BY			
N/A				5T99890		☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)				
12. DATE MO/DAY/YR	13. EQUIP	MENT USE		0/04\/0/14!! 50 / /		14. REMARKS (released, down time and d				
MO/DAT/TR	START	STOP	WORK	S/DAYS/MILES (circ SPECIAL	ie one)	Released from inciden	t 05/23 @ 0500			
05/20	1800	2400	6.0	) ½ DAY						
00/20	1000	2+00	0.0	72 07(1						
05/21	0600	2100	15.0	1 DAY		15. EQUIPMENT STATUS  ☑ a. Inspected and under agreer ☐ b. Released by Government	ment			
05/22	0630	2000	13.5	1 DAY		c. Withdrawn by Contractor				
05/23 0500 0600 1.0 TRAVEL						16. INVOICE POSTED BY (Recorder's	s initials)			
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE						ERNMENT OFFICER'S SIGNATURE	DATE SIGNED			
Janet Rob	nson				Sam L	.ee	05/23/			

	EMERGENCY EQUIPMENT SHIFT TICKET  E-304  NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.										
1. AGREEMENT NUMBER 54-IBET-02-048						2. CONTRACTOR (name) RICHARD MARTIN					
3. INCIDENT				4. INCIDENT NUME MT-BRF-00	000	5. OPERATOR (name) RICHARD MARTIN					
6. EQUIPMENT MAKE 7. EQUIPMENT M FORD F250 4X4					DEL	8. OPERATOR FURNISHED BY  CONTRACTOR	OVERNMENT				
9. SERIAL NUMBER 10. LICENSE NUM N/A 3P38744						11. OPERATING SUPPLIES FURNISH  ☐ CONTRACTOR (wet) ☐ G	HED BY OVERNMENT (dry)				
12. DATE MO/DAY/YR					le one)	14. REMARKS (released, down time and cause, problems, etc.)					
05/19	1430	2030	6.0	175 MI							
05/19	2030	2200	1.5	50 MI		15. EQUIPMENT STATUS  a. Inspected and under agreer	ment				
05/20	0600	1200	6.0	20 MI		☐ b. Released by Government☐ c. Withdrawn by Contractor					
05/20 1230 2100 8.5 5 MI						16. INVOICE POSTED BY (Recorder's	s initials)				
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Richard Martin					18. GOV Sam L	ERNMENT OFFICER'S SIGNATURE Gee	DATE SIGNED 05/20/				

	CF	REW TIM	E REP	OR <sup>-</sup>	Τ				
(1) CR	EW NAME  GRAYBACK #	<del>*</del> 1		(2) C	REW N	имвег <b>С</b> -	301		
(3) OFFIC	E RESPONSIBLE FOR FIRE	(4) FIRE NAME		(5) FI	IRE NU		<del>.</del>		
Flat	thead NF	Frog In	cident	F	<b>21</b> A	BCI	D		
(6)	(7)	(8)		9)				10)	
RE-		CLASS	DATE	/21	124		05/21		
MARKS NO.	NAME OF EMPLOYEE	IFICA TION	MILITA		E			RY TIME	
NO.		TION	ON		FF		ON		FF
	NELSON, F.		0530	1200		12	30	2100	
	ROYCE, C.		0600	12	00	12	30	21	00
	GIST, J.								
	DUGAN, B.								
	SMITH, S.								
	REITER, B.								
	COAN, G								
	CLYDE, D.								
	HECTOR, R.								
	ROJAS, T.								
	PEREZ, V.								
	MARSH, T.								
	AVALON, M.								
	CROSS, D.								
	JONES, R.								
	DAVIS, W.								
	WALSH, T.								
	FRAZER, D.								
	CHAVEZ, J.								
	NEWELL, H.		▼	4	7	'	<b>*</b>	1	7
(11) REM	MARKS								
1 X	(15 = 15								
19 X	X 14.5 = 275.5								
TOT	AL 290.5								
(12) OFF	ICER-IN-CHARGE (Signature)			ITLE (C	Officer-	in-Char	ge)		
• • • • • • • • • • • • • • • • • • • •	Lee NE (Person Posting to Emergency 7)	Γime Report	08	C1	(15) Dat	e			
(1-7) 14741	(1 croom 1 coming to Emergency	. me report			(10) Dai	~			

	CR	RE\	W TIM	E REP	ORT					
(-)	EW NAME  GRAYBACK #				(2) CREW N	C-301				
Flat	E RESPONSIBLE FOR FIRE :head NF		og In	cident	P1A	(5) FIRE NUMBER P1ABCD				
RE- MARKS NO.	(7)  NAME OF EMPLOYEE		(8) CLASS IFICA TION	DATE <b>05</b>	9) /22 RY TIME OFF	DATE <b>05</b>	/22 RY TIME OFF			
	NELSON, F.				1200		2130			
	ROYCE, C.			0600	1200	1230	2130			
	GIST, J.									
	DUGAN, B.									
	SMITH, S.									
	REITER, B.									
	COAN, G									
	CLYDE, D.									
	HECTOR, R.									
	ROJAS, T.									
	PEREZ, V.									
	MARSH, T.									
	AVALON, M.									
	CROSS, D.									
	JONES, R. DAVIS, W.									
	WALSH, T.									
	FRAZER, D.									
	CHAVEZ, J.									
	NEWELL, H.			<b>*</b>	+	<b>│</b>	<b>+</b>			
(11) REM										
	15.5 = 15.5									
	15.0= 285.0									
TOT	AL 300.5									
(12) OFF Sam .	ICER-IN-CHARGE (Signature)			(13) T	ITLE (Officer-	in-Charge)				
(14) NAN	NE (Person Posting to Emergency T	Γime F	Report	•	(15) Dat	e				

	COMMISSARY ISSUE RECORD				В	FIRE LO	1 TOO	١F			FROG INCIDENT	
	OIVIIVIIOSAR	1 100	UE K	ECOR	.ل <sub>4.</sub>	FIRE CA	MP NAM	IE		5. FIRE CAMP NO.	6. DATE 05/22/	7. SHEET NO. 1 OF 1
8. C	OMMODITY	DDITY OF STREET		12. I.D. No. (from OF-288 Emergency F.F. Time Report) 13. INITIALS (Posted to OF-288)								
	UNIT PRICE	8.00	2.00	250.00				290.00	C-300	NAME RICK CO	OWELL	ID.NO
Α	QUANTITY	4	4	1						SIGNATURE		INITIALS
	SUB-TOTAL	32.00	8.00	250.00						Rick Cowell		
	UNIT PRICE		2.00		1.50	12.00		29.50	O-302	NAME HEIDI C	HAMBERS	ID.NO
В	QUANTITY		2		1	2				SIGNATURE		INITIALS
	SUB-TOTAL		4.00		1.50	24.00				Heidi Chambers		
	UNIT PRICE						2.00	10.00	O-300	NAME BETH LO	OPEZ	ID.NO
С	QUANTITY						5	1		SIGNATURE		INITIALS
	SUB-TOTAL						10.00			Beth Lopez		
	UNIT PRICE									NAME		ID.NO
D	QUANTITY							-		SIGNATURE		INITIALS
	SUB-TOTAL							-				
	UNIT PRICE									NAME		ID.NO
Е	QUANTITY							-		SIGNATURE		INITIALS
	SUB-TOTAL							-				
	UNIT PRICE									NAME		ID.NO
F	QUANTITY							-		SIGNATURE		INITIALS
	SUB-TOTAL							-				
	UNIT PRICE									NAME		ID.NO
G	QUANTITY							-		SIGNATURE		INITIALS
	SUB-TOTAL							-				
	UNIT PRICE									NAME		ID.NO
Н	QUANTITY							-		SIGNATURE		INITIALS
	SUB-TOTAL							1				
	UNIT PRICE									NAME		ID.NO
1	QUANTITY									SIGNATURE		INITIALS
	SUB-TOTAL							-				
	UNIT PRICE									NAME		ID.NO
J	QUANTITY									SIGNATURE		INITIALS
	SUB-TOTAL											
			<u> </u>									

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE SEE COVER FOR INSTRUCTIONS.										
INCIDENT OR PROJECT NAME	OWNER NAME	OF EQUIPMENT:	CONTRA	ACTOR [	] GO	VERNMENT				
FROG INCIDENT		MTEDDDISES								
ABC ENTERPRISES										
	REEMENT NUMBER TYPE OF EQUIPMENT LICENSE OF IDENTIFICATION NUMBER									
34-IBET-05-223	CAT 12T4756									
COMMODITY (circle appropriate items) QUANTITY UNIT UNIT PRICE AMOUNT										
REGULAR GAS UNLEADED GAS DIESEL 35 GAL 2.59 90.65										
OIL OTHER (specify)										
DATE AND TIME ISSUED REMARK	RKS				TOT	AL				
05/21/ 0600						90.65				
ISSUING AGENT'S SIGNATURE		PRINT NAME AND	TITLE							
Bob Big		BOB BIG								
RECEIVING AGENT'S SIGNATURE		PRINT NAME AND	TITLE							
Dan Smith DAN SMITH, OWNER										
POSTED TO EQUIPMENT INVOICE (F	INANCE L	JSE ONLY): INITIALS			DA	TE				

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE SEE COVER FOR INSTRUCTIONS.									
INCIDENT OR PROJECT NAME	OWNER NAME	OF EQUIPMENT:	CONTRA	ACTOR	☐ GO	VERNMENT			
FROG COMPLEX		ADD MADTINI							
AGREEMENT NUMBER	AGREEMENT NUMBER TYPE OF EQUIPMENT LICENSE OF IDENTIFICATION NUMBER								
54-IBET-02-048	FORD		3P387			ATION NOWBER			
04 IBE1 02 040	I OIL		01 001	77					
COMMODITY (circle appropriate items) QUANTITY UNIT UNIT PRICE AMOUNT									
REGULAR GAS UNLEADED GAS DIESEL 15.5 GAL 2.69 41.70									
OIL OTHER (specify)		2	QT	3.	50	7.00			
DATE AND TIME ISSUED REMARK	RKS				TOTAL	Ĺ			
05/20/ 0600						48.70			
ISSUING AGENT'S SIGNATURE		PRINT NAME AND	TITLE						
Bob Big		BOB BIG							
RECEIVING AGENT'S SIGNATURE		PRINT NAME AND	TITLE						
Richard Martin RICHARD MARTIN, DRIVER									
POSTED TO EQUIPMENT INVOICE (F	INANCE L	JSE ONLY): INITIALS			DA	TE			

Updated-May 25, 2007

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-306 1. ORDERING OFFICE (name and address) AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT **FOREST SERVICE** 2. AGREEMENT NUMBER **INCIDENT PAYMENT CENTER** 34-IBET-05-177 324 25<sup>TH</sup> STREET **OGDEN, UT 84401 AMEND #1, 2, 3** 3. EFFECTIVE DATES a. beginning 05-01b. ending 04-30-4. CONTRACTOR a. name and address 5. POINT OF HIRE (location when hired) **ACE EMERGENCY SUPPORT LOCATION AT TIME OF HIRE ACE JONES** THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES **PO BOX 343** 6. BEING FURNISHED BY **CAMINO, CA 95709** X CONTRACTOR X GOVERNMENT b. SSN or Tax ID# c. telephone number (day) d. telephone number (night) **OPERATOR FURNISHED BY** X CONTRACTOR X GOVERNMENT 8. TYPE OF CONTRACTOR (X appropriate boxes) x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA □ LOCAL GOVT. 9. ITEM DESCRIPTION 11. WORK OR DAILY 10. NUMBER 12. SPECIAL 13. GUARANTEE (Include make, model, year, serial # and accessories) OF (8 or more hours) **OPERATORS** a. rate b. unit a. rate b. unit MISC: CHAIRS, FOLDING (1000+) \$1.00 EA/DAY **WEEKLY RATE: \$5.00/EA, MONTHLY RATE:** TABLES, FOLDING (100+) \$6.00 EA/DAY **WEEKLY RATE \$30.00 EA MONTHLY RATE: \$90.00 EA + \$2.00/MILE FOR ROUND TRIP DELIVERY ONLY** MISC: 2" PUMP, INCLUDES SUCTION & **DISCHARGE HOSE, ID:WP150 (SUPPLIES & OPERATOR FURNISHED BY GOVT) WEEKLY RATE: -15%** \$70.00 DAY 3" PUMP, INCLUDES SUCTION & **DISCHARGE HOSE, ID:WP320 (SUPPLIES & OPERATOR FURNISHED BY GOVT) RATE:** \$75.00 DAY, -15% WEEKLY + \$2.00/MILE FOR ROUND TRIP DELIVERY ONLY 14. SPECIAL PROVISIONS THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. NOTE; AS INDICATED W/SOME PIECES OF EQUIPMENT DESCRIPTIONS, FUEL AND/OR OPERATOR WILL BE

FURNISHED BY THE GOVERNMENT. AMEND #1, 2 ADDED EQUP, AMEND 3 CHANGED MILAGE RATES TO **DELIVERY ONLY 06/09/** 

MISC MILEAGE – IF MULTIPLE PIECES OF EQUIPMENT ARE ORDERED TOGETHER MILEAGE APPLIES ONLY ONCE, NO ON EACH MISC PIECE OF EQUIPMENT

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ ACE E. JONES	16. DATE 05-23-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN	18. DATE 05-24-
19. PRINT NAME AND TITLE ACE E. JONES, OWNER		20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER	

PREVIOUS EDITION NOT USABLE

#### EMERGENCY EQUIPMENT RENTAL AGREEMENT S-300

1. ORDERING OFFICE (name and FOREST INCIDENT PA' 324 25T OGDEN  4. CONTRACTOR a. name and a KLEEN PORTA TOILETS RICHARD KLEEN PO BOX 1223 GRASS VALLEY, CA 98879  b. SSN or Tax ID# c. telephone number (day)	2. AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT  2. AGREEMENT NUMBER PAGE 1 OF 2 34-IBET-05-176  3. EFFECTIVE DATES a. beginning 05-01- b. ending 04-30- 5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE  6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY X CONTRACTOR X GOVERNMENT  7. OPERATOR FURNISHED BY						
		_ <b>X</b> _ C	ONTRACTO	OR <u>X</u>	GOVERNM	ENT	
8. TYPE OF CONTRACTOR (X & x SMALL BUSINESS   LARGE BI		DISADVANTAGED C	WNED UWO	MEN OWNE	D 🗆 LABOR S	URPLUS ARI	EA 🗆 LOCAL GOVT.
9. ITEM DESCRIPT (Include make, model, year, serial		10. NUMBER OF	11. WORK O	R DAILY	12. SPE	CIAL	13. GUARANTEE (8 or more hours)
(,, ,	OPERATORS	a. rate	b. unit	a. rate	b. unit	(6 61 111616 116416)	
PORTABLE TOILET SERVICE INCLUDES DELIVER, SET UP SERVICE AND REMOVAL OF ADDITIONAL SERVICES \$20. RELOCATE TOILETS PER MO MILEAGE CHARGE FOR PICH DELEVERY & ADDITIONAL S \$2.00/MILE	P, ONCE A DAY TOILETS 00 EA OVE, \$30.00 EA KUP,		\$55.00	DAY			
HANDICAP TOILETS EACH INDELIVER, SETUP, ONCE PER AND REMOVAL OF TOILETS ADDITIONAL SERVICES \$20. RELOCATE TOILETS PER MOMILEAGE CHARGE FOR PICE & ADDITIONAL SERVICE, \$2.	R DAY SERVICE  00 EA  OVE \$30.00 EA  KUP, DELIVERY		\$100.00	DAY			
PORTABLE SINKS W/SINK T INCLUDES SOAP, TOWELS A TANK FOR GREY WATER: 8 SINK, \$465/DAY W/POTABLE TRUCK \$980/DA 10 SINK, \$565/DAY W/ POTABLE TRUCK \$1080/D 12 SINK, \$665/DAY W/POTABLE TRUCK \$1180/D	AND HOLDING AY DAY						

	SERVIĆE		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT						
	MENT CENTER STREET		2. AGREEMENT NUMBER PAGE 2 OF 2 <b>34-IBET-05-176</b>						
	UT 84401								
			3. EFFECTIVE DATES a. beginning 05-01- b. ending 05-30-						
4. CONTRACTOR a. name and a	address				tion when hired	_	0.00		
KLEEN PORTA TOILETS				N AT TIME					
RICHARD KLEEN			0 7115 146	DI DATE IS		00504	TIME OF IDDITIO		
PO BOX 1223			-	ORK RATE IS FURNISHED		ALL OPERA	TING SUPPLIES		
GRASS VALLEY, CA 98879			<b>X</b> C	ONTRACTO	R <u>X</u>	GOVERNI	MENT		
b. SSN or Tax ID#									
c. telephone number (day)	d. telephone number	er (night)	7. OPERA	FOR FURNIS	SHED BY				
			<u>X</u> 0	ONTRACTO	OR <u>X</u>	GOVERNM	ENT		
8. TYPE OF CONTRACTOR (X & x SMALL BUSINESS - LARGE BU		DISADVANTAGED C	OWNED - WO	OMEN OWNE	D 🗆 LABOR S	SURPLUS AR	EA 🗆 LOCAL GOVT.		
9. ITEM DESCRIPT		10. NUMBER OF	11. WORK OR DAILY		12. SPE	CIAL	13. GUARANTEE		
(Include make, model, year, serial	and accessories)	OPERATORS	a. rate	b. unit	a. rate	b. unit	(8 or more hours)		
14. SPECIAL PROVISIONS THE ATTACHED GENERA AMEND #1 ADDED INDIVID			PLEMENT A	ARE PART	OF THIS A	AGREEMI	ENT. 09/04/		
MILEAGE FOR TRANSPORT TRANSPORT WILL BE RE						T IS UNL	OADED THE		
THE RATES "WITH 2 OPE AND 2 OPERATORS ARE		ONLY APPLY	WHEN EQ	UIPMENT	IS ORDER	ED WITH	2 OPERATORS		
MISC MILEAGE – IF MULT ONCE, NOT ON EACH MIS			ARE ORDI	ERED TO	GETHER M	ILEAGE A	APPLIES ONLY		
NOTE: DUMPING FEES WI FEE RECEIPTS ATTACHE							CE WITH DUMP		
15. CONTRACTOR'S OR AUTHORIZE	D AGENTS SIGNATUR	E 16. DATE	17. CONTRAC	TING OFFICE	R'S SIGNATUR	E	18. DATE		
/s/ RICHARD KLEEN		05-23-	/s/ KATHRYN (				05-24-		
19. PRINT NAME AND TITLE RICHARD KLEEN, OWNER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN CONTRACTING OFFICER						

NSN 7540-01-121-8825 PREVIOUS EDITION NOT USABLE

#### EMERGENCY EQUIPMENT RENTAL AGREEMENT E-307

1. ORDERING OFFICE (name and FOREST INCIDENT PARTS OF INCIDENT PAR	AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT  2. AGREEMENT NUMBER PAGE 1 OF 2 55-IBET-02-087  3. EFFECTIVE DATES a. beginning 05-01- b. ending 04-30- 5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE  6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY X CONTRACTOR X GOVERNMENT						
c. telephone number (day)	d. telephone numb	er (night)		OR FURNIS		OVERNMEI	NT
8. TYPE OF CONTRACTOR (X a x SMALL BUSINESS   LARGE B		DISADVANTAGED O		MEN OWNE			EA 🗆 LOCAL GOVT.
9. ITEM DESCRIPT (Include make, model, year, serial		10. NUMBER OF	11. WORK O	R DAILY			13. GUARANTEE (8 or more hours)
(		OPERATORS	a. rate	b. unit	a. rate	b. unit	(0 01 111010 110010)
OFFICE SERVICES: COPYING 1995 8' x 24' MOBILE OFFICE W/AIR CONDITIONING, TRAM 3'4 TON DODGE, 4x2, LIC: 4D: RETURN RATE & ALL TRAIL MILEAGE, RAND MCNALLY, EQUIPPED W/MACHINE OPE COVER 24HR SERVICE, ONE GENERATOR: HONDA 12KW RE22DEG334, 120/140 VAC, SOUTLETS, COPIERS: MINOL W/COLLATOR, SN:3440099, COPIER, SN: IKY22309		\$1,780.00	DAY				
COPIES: 1 <sup>ST</sup> 300/DAY INCLUI RATE, OVER 300 @ \$0.10/EA (11X17 COUNTS AS 2 COPIE COLOR COPIES 8 ½ X 11", \$	., UP TO 11X17 S)		\$0.10	EACH			
SECRETARY SERVICE IS NE WHEN REQUESTED AT TIME HR SHIFT	1	\$195.00	DAY				
ADDITIONAL OPERATOR RAINCIDENT ACTION PLANS (I/	1	\$260.00	DAY				

INCIDENT PA <sup>T</sup> 324 25 <sup>T</sup>	d address) T SERVICE YMENT CENTER T STREET , UT 84401		2. AGREEME		TO THIS AGR		PAPERS RELATING PAGE 2 OF 2
			3. EFFECTIV a. beginning	_		b. ending 0	95-30-
4. CONTRACTOR a. name and a TOP RATE MOBILE OFFICE			5. POINT OF		tion when hired ON AT TIME (		
1223 CARNATION ROAD							
RUBY SPRINGS, CA 98556	5		BEING F	RK RATE IS URNISHED ONTRACTO	BY	LL OPERATOVERNME	TING SUPPLIES NT
b. SSN or Tax ID#							
c. telephone number (day)	d. telephone numb	er (night)	7. OPERAT	OR FURNIS	SHED BY		
TVPF OF CONTRACTOR W			_ <b>X</b> _ c	ONTRACTO	OR <u><b>X</b></u> G	OVERNME	NT
8. TYPE OF CONTRACTOR (X & x SMALL BUSINESS   LARGE BU		DISADVANTAGED (	OWNED X WO	MEN OWNE	D 🗆 LABOR S	SURPLUS AR	EA 🗆 LOCAL GOVT.
9. ITEM DESCRIPT (Include make, model, year, serial :	10. NUMBER OF	11. WORK C	11. WORK OR DAILY		CIAL	13. GUARANTEE (8 or more hours)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OPERATORS	a. rate	b. unit	a. rate	b. unit	(0 0 110 110 110 110 110 110 110 110 110
WHEN CAMP IS NOT A ACCORDANCE WITH I BILLING RATE REDUC ASSIGNMENT OR INC. BASE RATE INCLUDE (3) PENTIUM COMPUT OKIFAX 1000 & 5250 (CONTRACTOR UP TO GOVERNMENT (8) OCIBOND PAPER – 36"W FT (9) MINOLTA COPIE PAYMENT: A DAILY IT BE A FINAL ITEMIZED	AVAILABLE CON LOCAL OR CON CED BY ONE PE IDENT. S (1) MINOLTA ( ERS W/MODEM 6) GOVERNMEN 40,000 COPIES, E 7051 COPIER, = \$.90 PER SQ F ER 6000, AUTO I	NTRACTOR M US RATE UP RCENT (1%) II COPIER D1456 (4) PRINTER- IT TO PROVID , USAGE ABO MAP 36' X 9', FT, VELLUM – FEED COLLAT	AY BE PAID TO \$75.00/D F PAID WITH 0 AUTO FEE LEXMARK (0) E TELEPHO VE THAT QU 35"w = \$1.4 TRO.	A PER F AY PER HIN FIFTE D, COLL COLOR P NE LINE JANTITY O PER SO	PERSON PE PERSON EEN (15) DA ATOR (2) M RINTER (5) S (7) PAPEI PER INCID Q FT, MYLA	R DIEM F  YS AFTE  IINOLTA FAXES, R SUPPL ENT FUR  R – 36"w	RATE IN  ER EACH  COPIER EP2121  OKIDATA,  IED BY  ENISHED BY  7 = \$3.00 PER SQ
15. CONTRACTOR'S OR AUTHORIZE /s/ MELODIE BROOKS	ED AGENTS SIGNATUR	16. DATE 05-24-	17. CONTRAC		R'S SIGNATURI	<u> </u>	18. DATE 05-24-
19. PRINT NAME AND TITLE MELODIE BROOKS, OWNER		I	20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

EMI	ERGENCY EC	QUIPMENT F	RENTAL A	GREEN	IENT	E-308		
1. ORDERING OFFICE (name and FOREST INCIDENT PAY 324 25 <sup>T</sup> OGDEN,	AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT  2. AGREEMENT NUMBER 34-IBET-02-125							
			3. EFFECTIVE DATES a. beginning 05-01- b. ending 04-30-					
4. CONTRACTOR a. name and a JACKSON ENTERPRISES	5. POINT OF	•	ion when hired	,				
334 LOWER GRASS VALLEY	ROAD							
NEVADA CITY, CA 95958	6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY  X CONTRACTOR GOVERNMENT							
b. SSN or Tax ID#		( : 10)	7 005047	OD EUDAUO	LIED DV			
c. telephone number (day)	d. telephone numb	er (night)	7. OPERAT	OR FURNIS	HED BA			
			<b>X</b> C	ONTRACTO	R G	OVERNMEI	NT	
8. TYPE OF CONTRACTOR (X a x SMALL BUSINESS	ppropriate boxes) JSINESS   SMALL	DISADVANTAGED C	OWNED 🗆 WO	MEN OWNED	□ LABOR S	URPLUS AR	EA 🗆 LOCAL GOVT.	
9. ITEM DESCRIPT (Include make, model, year, serial #		10. NUMBER OF	11. WORK C	R DAILY	12. SPE	CIAL	13. GUARANTEE (8 or more hours)	
(morado mario, moder, year, cenar m	and adocasones)	OPERATORS	a. rate	b. unit	a. rate	b. unit	(o or more nours)	
MISCELLANEOUS – SMALL E MECHANIC W/TOOLS	NGINE		\$100.00	HR				
MISCELLANEOUS – TOW VEI STOCKED SUPPLY/WORKSH *TRAILER MILEAGE \$1.00/MIL	IOP TRAILER		\$150.00	DAY				
MISCELLANEOUS - PARTS COST PLUS 40%								
MISCELLANEOUS – PARTS RUNNING VEHICLE W/OPERATOR – PORTAL TO PORTAL			\$1.25	MI				
14. SPECIAL PROVISIONS			•					
ALLRATES NEGOTIAT	ΓED							
6) THE ATTACHED GE	NERAL PROVIS	SIONS AND R-	5 SUPPLEM	ENT ARE	PART OF	THIS AGI	REEMENT.	

16. DATE

06-30-

17. CONTRACTING OFFICER'S SIGNATURE

KATHRYN GRIFFIN, CONTRACTING OFFICER

/s/ KATHRYN GRIFFIN

20. PRINT NAME AND TITLE

NSN 7540-01-121-8825 PREVIOUS EDITION NOT USABLE

19. PRINT NAME AND TITLE PETE JACKSON, OWNER

/s/ PETE JACKSON

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE

OPTIONAL FORM 294 (REV.8-90) USDA/USDI 50294-104

05-24-

18. DATE

EMERGENCY EQUIPMENT SHIFT TICKET E-306									
1. AGREEMEN 34-IBET	NT NUMBER	?	will update	this form each day or sh	a initial and final equipment inspections.  2. CONTRACTOR (name)  ACE EMERGENCY SUPPORT				
3. INCIDENT FROG IN				4. INCIDENT NUMB MT-BRF-00		5. OPERATOR (name) ACE JONES			
6. EQUIPMEN	T MAKE			7. EQUIPMENT MO	DEL	8. OPERATOR FURNISHED BY			
CHAIRS	S/TABL	ES				☐ CONTRACTOR ☐ G	GOVERNMENT		
9. SERIAL NU	MBER			10. LICENSE NUME	BER	11. OPERATING SUPPLIES FURNIS	11. OPERATING SUPPLIES FURNISHED BY		
						☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)			
12. DATE	13. EQUIF	MENT USE				14. REMARKS (released, down time and cause, problems, etc.)			
MO/DAY/YR	START	STOP	WORK	S/DAYS/MILES (circle SPECIAL	e one)				
05/21	1500	1800	1000	CHAIRS DELIVERY/S	SETUP				
			200	TABLES DELIVERY/S	SETUP	15. EQUIPMENT STATUS     ☑ a. Inspected and under agreement     ☐ b. Released by Government			
05/21	1500	1800	30	miles		c. Withdrawn by Contractor			
						16. INVOICE POSTED BY (Recorder's initials)			
						PERNMENT OFFICER'S SIGNATURE M. Smith	DATE SIGNED		

EMERGENCY EQUIPMENT SHIFT TICKET  NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMEN 34-IBET	NT NUMBER	R	wiii apaate	and form each day or e	mir and mar	2. CONTRACTOR (name)  KLEEN PORTA TOILETS			
3. INCIDENT FROG I				4. INCIDENT NUME	BER	5. OPERATOR (name) RICHARD KLEEN			
6. EQUIPMEN				7. EQUIPMENT MC	DEL	8. OPERATOR FURNISHED BY			
TOILET						☐ CONTRACTOR ☐ GOVERNMENT			
9. SERIAL NUMBER 10. LICENSE N					BER	11. OPERATING SUPPLIES FURNISHED BY			
						☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)			
12. DATE	13. EQUIP	PMENT USE				14. REMARKS (released, down time and cause, problems, etc.)			
MO/DAY/YR	START STOP HOURS/DAYS/MILES (circle one) WORK SPECIAL		le one)						
05/20	1200	1900		10 DELIVER	RED				
				5 RELOCAT		15. EQUIPMENT STATUS  ☑ a. Inspected and under agreement ☐ b. Released by Government			
				2 HANDICAI DELIVERED		c. Withdrawn by Contractor			
05/20			50	miles		16. INVOICE POSTED BY (Recorder's initials)			
						renment officer's signature date signed a M. Smith			

EMERGE	NCY EQ	UIPMEN	T SHII	FT TICKET	E-307					
NOTE: The responsible Government Officer will update this form each day or shift and make 1. AGREEMENT NUMBER 55-IBET-02-087						ke initial and final equipment inspections.  2. CONTRACTOR (name)  TOP RATE MOBILE OFFICE SVCS				
3. INCIDENT OR PROJECT NAME FROG COMPLEX				4. INCIDENT NUME MT-BRF-00		5. OPERATOR (name)				
6. EQUIPMEN	T MAKE			7. EQUIPMENT MC	DDEL	8. OPERATOR FURNISHED BY				
OFFICI	E SVC	3				☐ CONTRACTOR ☐ G	OVERNMENT			
9. SERIAL NU	MBER			10. LICENSE NUME	BER	11. OPERATING SUPPLIES FURNISHED BY				
						☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)				
12. DATE 13. EQUIPMENT USE				2/24/2/4# 52 / /	, ,	14. REMARKS (released, down time and cause, problems, etc.)				
MO/DAY/YR	START	STOP	WORK	S/DAYS/MILES (circle one)  SPECIAL						
05/21	0630	1900		478 PAGES						
				20 COLO PGS	R	15. EQUIPMENT STATUS  ☑ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor				
						16. INVOICE POSTED BY (Recorder's	s initials)			
						,	,			
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE  Paniel Smith						renment officer's signature a M. Smith	DATE SIGNED			

EMERGENCY EQUIPMENT SHIFT TICKET  NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.										
1. AGREEMEN 34-IBET	NT NUMBER	₹	wiii apaato	and form each day or arm	2. CONTRACTOR (name)  JACKSON ENTERPRISES					
3. INCIDENT FROG C				4. INCIDENT NUMBE MT-BRF-000		5. OPERATOR (name)				
6. EQUIPMEN				7. EQUIPMENT MOD	EL	8. OPERATOR FURNISHED BY  ☐ CONTRACTOR ☐ GOVERNMENT				
9. SERIAL NU			10. LICENSE NUMBE	ĒR	11. OPERATING SUPPLIES FURNI	SHED BY  GOVERNMENT (dry)				
12. DATE MO/DAY/YR	13. EQUIP	STOP		S/DAYS/MILES (circle one)  SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) FAN BELT – \$79.00 OIL FILTER – \$15.00				
05/20	0800	1300								
	1330 1800					15. EQUIPMENT STATUS  ☑ a. Inspected and under agreement ☐ b. Released by Government				
05/20			35M	I TRAILER		c. Withdrawn by Contractor				
						16. INVOICE POSTED BY (Recorder's initials)				
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Michelle Jackson					SIGNATU	ernment officer's ure M. Smith	DATE SIGNED			