

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH Position TIME

Unit ID: CANOD Agency: BLM Check-In Date: 05/20/ Check-In Time: 0815
(e.g., NPS, FS, BIA)

Demob City: SUSANVILLE Demob State: CA
(Final Destination)

Airport: _____ Jetport Code: RDD
(3-Letter Code, If Known)

Method of Travel (circle one): A/R AIR AOV BUS OTHER PAS POV REN

If AOV, POV, or BUS: Vehicle Description: DODGE DAKOTA
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(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: _____

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

Other Qualifications: COST, PTRC

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

Home Unit Name: SUSANVILLE DISTRICT

Home Unit Address: 145 MAIN STREET

SUSANVILLE, CA 99999

Home Unit Phone #: (530) 288-3231

Home Unit Fax #: (530) 288-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/20/
First Work Day: 05/20/
Length of Assignment: 14

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

OVERHEAD CHECK-IN SHEET

Request Number: O-301

PLANS INFORMATION

Last Name: ALLEN First Name: LINDI

Agency: FS Check-In Date: 05/19/ Check-In Time: 0600
(e.g., NPS, FS, BIA)

Home Unit: CA-ENF Demob City: PLACERVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV **AIR** BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: _____
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: _____
(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: _____

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

Other Qualifications: STEN, CRWB

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

Position Held on Fire: DIVS
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: EL DORADO NATIONAL FOREST

Home Unit Address: 100 FORNI ROAD
PLACERVILLE, CA 95667

Home Unit Phone #: (530) 555-3231

Home Unit Fax #: (530) 555-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: 05/19
Length of Assignment: 12

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

OVERHEAD CHECK-IN SHEET

Request Number: O-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 05/20/ Check-In Time: 1800
(e.g., NPS, FS, BIA)

Home Unit: CA-TNF Demob City: DOWNIEVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV **POV** AIR BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: FORD MUSTANG
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: 422 RHD
(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: _____

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

Other Qualifications: TIME, SCKN

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: AD (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: 999-99-9999

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 PLANS

Mobilization Date: <u>05/20/</u>	<input checked="" type="checkbox"/> Red Card Checked
First Work Day: <u>05/21/</u>	<input type="checkbox"/> T-Card Completed
Length of Assignment: <u>14</u>	<input type="checkbox"/> Entered into Resources
	<input type="checkbox"/> Manifest (filed & attached)

Updated-January 08, 2009

TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete
<input type="checkbox"/> Entered into Time by (initials): _____

7.2-03-ISUITE-HO

OVERHEAD CHECK-IN SHEET

Request Number: O-303

PLANS INFORMATION

Last Name: STEVENS First Name: DENNIS

Agency: FS Check-In Date: 05/19/ Check-In Time: 0600
(e.g., NPS, FS, BIA)

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV AIR BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: PASSENGER W/LOPEZ O-300
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(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: _____

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

Other Qualifications: DIVS, PSC2

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

Position Held on Fire: SOF1
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: YUBA RIVER RANGER DISTRICT

Home Unit Address: 15924 HIGHWAY 49
CAMPTONVILLE, CA 95922

Home Unit Phone #: (530) 288-3231

Home Unit Fax #: (530) 288-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/19/</u> First Work Day: <u>05/19</u> Length of Assignment: <u>14</u>	<input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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CREW CHECK-IN SHEET

Request Number: C-300

PLANS 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

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(3-Letter Identifier) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV **POV** **AIR** **BUS**

If Air: Jetport/Airport: _____ Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: 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: _____

FINANCE INFORMATION

Please attach a complete manifest for the crew, including complete names for all crewmembers. 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

Name
Social Security Number
Crew Position
Home Unit Name
Home Unit Address
Home Unit Phone #
Home Unit Fax #

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

Mobilization Date: 05/21
First Work Day: 05/22
Length of Assignment: 14

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- 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		TAHOE HOTSHOT MANIFEST			Vehicle		2728	
ACCOUNTING CODE:		P1ABCD		TAHOE NATIONAL FOREST			Door #'s		7065	
OVER RIDE:				YUBA RIVER RANGER DISTRICT					7066	
REQUEST #:		C-300		15924 HIGHWAY 49						
DATE:		5/21/		CAMP TONVILLE, CA 95922						
				(530) 478-6253 FAX (530) 288-0727						
WEIGHT										
SS#	POSITION	AD RATE	LAST NAME	MI	FIRST NAME	HELICOPTER	BODY	WEBGEAR	PERSONAL FIRE BAG	LARGE AIR TRANSPORT
	CRWB		COWELL	A	RICK	215	180	35	20	220
	FFT1		WHITE	H	TODD	245	205	40	20	250
	FFT1		RICE	J	ERIC	230	185	45	20	235
	FFT2		ROJAS		TIRSO	225	185	40	25	230
	FFT2		CUTLER	H	JUSTIN	245	200	45	20	250
	FFT1		HICKEY	D	FRANCIS	250	215	35	25	255
	FFT2		MOSHETTI	S	BRAD	250	210	40	25	255
	FFT2		FLATTLEY	D	ISAAC	220	185	35	20	225
	FFT2		LAFERRIERE	M	DUSTIN	225	190	35	20	230
	FFT2		GHSILETTA		THOMAS	230	195	35	25	235
	FFT2		RIVADENEYRA		DAMIEN	215	180	35	20	220
	FFT2		CROSTHWAIT	H	CHAD	220	185	35	25	225
	FFT2		O'DONNELL		ANDREW	255	220	35	25	260
999-99-9999	FFT1	AD-D	RICE		GRAHM	195	155	40	30	200
	FFT2		McCANDLESS		CHRIS	225	190	35	20	230
	FFT2		BRANTLEY		JEFF	220	185	35	25	225
	FFT2		MELLEIN	A	AARON	190	155	35	20	195
	FFT1		GUILOFYLE		MARY KATE	180	145	35	25	185
	FFT2		MILLER		MIKE	195	160	35	20	200
	FFT2		SWITZER		ADAM	170	135	35	25	175
	FFT2		LUIS		GOMEZ	215	175	40	25	220
SUB-TOTALS										
SUPPORT EQUIPMENT-RADIO PACK-TIME PACK-----									WEIGHT	40
CHAINSaws-----									WEIGHT	120
SAW BAG-----									WEIGHT	40
HANDTOOLS-----									WEIGHT	60
TOTAL WEIGHT										4980

ENGINE CHECK-IN SHEET

Request Number: E-300

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: CA-TNF ENGINE 31
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: _____

Kind: ENG3 Agency: FS Configuration: S
(e.g., FS, NPS, BIA) (S, ST, TF)

Address: _____

Check-In Date: 05/20/ Check-In Time: 1500

Check-In Date: _____ Check-In Time: _____

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(State and 3-Letter Identifier) (Final Destination) (Final Destination)

Demob City: _____ Demob State: _____

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR #9545
(Government Vehicle ID#)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - CAMPBELL, MICHAEL		FED	CATNF	15924 HIGHWAY 49	(530) 555-5555	(530) 555-1212
ENOP - PRINCE JAMES		FED	CATNF	CAMPTONVILLE, CA 95922		
FFT2 - CARSON, CLINT		FED	CATNF	" "		
FFT1 - SAUTER, DANIEL		FED	CATNF	" "		
FFT1 - SMITH, ADAM		FED	CATNF	" "		

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/20/</u> First Work Day: <u>05/21</u> Length of Assignment: <u>12</u>	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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EQUIPMENT CHECK-IN SHEET

Request Number: E-301

Equipment: ABC DOZER

Kind: DOZ2 Agency: PVT

Primary Operator's Name: DAN SMITH

If ordered for a double shift, is there a relief operator available? YES NO

Relief Operator's Name: _____

Vehicle or Equipment ID: SN 12T4756
(Serial #)

Demob City/State: GRASS VALLEY, CA

Were you reassigned directly from another incident? YES NO
If Yes: Original Request #: _____ Name of Incident: _____

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

Is there another operator available after the primary operator reaches the 14-day limit? YES NO

For Heavy Equipment:

Make & Model: CAT D6-C Light Medium Heavy

Is there a lowboy with your equipment? YES NO If yes: E# E-302

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.

Company Name: ABC ENTERPRISES

Agreement # 34-IBET-05-223

Check-In Date: 05/20/ Check-In Time: 0730

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES NO

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

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: INCLUDES BLADE, WINCH, 6 LIGHTS, TILT BLADE AND SCREENED CANOPY

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 34-IBET-05-223 AMEND 5/19/				
		3. EFFECTIVE DATES a. beginning 05-01-		b. ending 04-30-		
4. CONTRACTOR a. name and address ABC ENTERPRISES DANIEL G. SMITH 2231 PARADISE DRIVE GRASS VALLEY, CA 95678		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE				
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
c. telephone number (day)		d. telephone number (night)		7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.						
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit	
DOZER (CLASS II E) 1976 CAT D6-C, SN:12T4756, W/BLADE, WINCH, 6 LIGHTS, TILT BLADE, SCREENED IN CANOPY, 2ND OPERATOR RATE \$1100.00/DAY		1	\$106.00 HOUR		852.00/DAY	
CHAINSAW (67 TO 89 CC) FALLER UNIT STIHL 046, SN: 23454412, 36" BAR, STIHL 046, SN: 345543332, 36: BAR, TRANSPORTATION OF FALLER UNIT IS INCLUDED IN RATE			\$71.00 HOUR		\$568.00/DAY	
14. SPECIAL PROVISIONS THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. SE PLATED EQUIPMENT INSPECTION DATED: 04/07/ GOOD THRU: 04/08/ THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 5/19/ AMEND TO DROP SWAMPER REQUIREMENT AND CORRECT MAKE OF WATER TENDER TRANSPORTATION FOR CHAINSAW FALLER UNIT IS INCLUDED IN UNIT RATE						
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ DANIEL G. SMITH		16. DATE 05-23-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN		18. DATE 05-24-	
19. PRINT NAME AND TITLE DANIEL G. SMITH, OWNER		20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

EQUIPMENT CHECK-IN SHEET

Request Number: E-302

Equipment: JONES TRANSPORT

Kind: LOWB Agency: PVT

Primary Operator's Name: FRANK JONES

If ordered for a double shift, is there a relief operator available? YES **NO**

Relief Operator's Name: _____

Vehicle or Equipment ID: LN 7YEIURR
(Serial #)

Demob City/State: NORTH SAN JUAN, CA

Were you reassigned directly from another incident? YES **NO**
If Yes: Original Request #: _____ Name of Incident: _____

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

Is there another operator available after the primary operator reaches the 14-day limit? **YES** **NO**

For Heavy Equipment:

Make & Model: KENWORTH 3S2 COMBO **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.

Company Name: JONES TRUCKING

Agreement # 55-IBET-02-048

Check-In Date: 05/20/ Check-In Time: 0730

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES **NO**

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

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 BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		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-			
4. CONTRACTOR a. name and address JONES TRUCKING FRANK M. JONES PO BOX 349 NORTH SAN JUAN, CA 95961		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	a. rate	b. unit	
3S2 COMBINATION (18 WHEELS) KENWORTH, VIN: 1HTYK209XXSM298798, LIC: 7YEIURR 1966 CALLAHAN BEVERTAIL LOWBED, VIN: 32233, LIC: 7YU9009 1999 CPS END DUM, LIC: 9YH2298		1	\$2.95	MILE			1033.00/DAY
14. SPECIAL PROVISIONS MILAGE FOR TRANSPORT PAID ONLY FOR HAUL-IN & HAUL-OUT. ONCE EQUIPMENT IS UNLADED THE TRANSPORT WILL BE RELEASED UNLESS DIRECTED, IN WRITING, TO REMAIN. THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. (REV. 04-09-)							
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ FRANK M. JONES			16. DATE 06-10-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN			18. DATE 06-10-
19. PRINT NAME AND TITLE FRANK M. JONES, OWNER				20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER			

EQUIPMENT CHECK-IN SHEET

Request Number: E-303

Equipment: WATER WORKS WT

Kind: WAT1 Agency: PVT

Primary Operator's Name: JANET ROBINSON

If ordered for a double shift, is there a relief operator available? YES NO

Relief Operator's Name: _____

Vehicle or Equipment ID: LN 5T99890
(Serial #)

Demob City/State: GRASS VALLEY, CA

Were you reassigned directly from another incident? YES NO
If Yes: Original Request #: _____ Name of Incident: _____

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

Is there another operator available after the primary operator reaches the 14-day limit? YES NO

For Heavy Equipment:

Make & Model: INTERNATIONAL 4000 GAL 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: 4000 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

Mobilization Date: 05/20/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

Company Name: WATER WORKS

Agreement # 54-IBET-02-099

Check-In Date: 05/20/ Check-In Time: 1830

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES NO

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 54-IBET-02-099					
		3. EFFECTIVE DATES a. beginning 05-01-		b. ending 04-30-			
4. CONTRACTOR a. name and address WATER WORKS JANET ROBINSON 13344 DILLON ROAD GRASS VALLEY, CA 95945		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
c. telephone number (day)		d. telephone number (night)		7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	a. rate	b. unit	
WATER TENDER (2500+ GAL) 4000 GAL, 1991 INTERNATIONAL, LIC: 5T99890, 2ND OPERATOR RATE \$2496.00/DAY		1	\$1611.00	DAY	\$150.00	DAY	COMM PLATE
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. WATER TENDERS: FULLY LICENSED VEHICLES, ADD \$150.00 TO THE DAILY RATE. THE RATE IS PRO-RATED ON FIRST AND LAST DAY.							
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ JANET ROBINSON		16. DATE 05-13-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN			18. DATE 05-28-	
19. PRINT NAME AND TITLE JANET ROBINSON, OWNER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

EQUIPMENT CHECK-IN SHEET

Request Number: E-304

Equipment: MARTIN PICKUP

Kind: PU Agency: PVT

Primary Operator's Name: RICHARD MARTIN

If ordered for a double shift, is there a relief operator available? YES NO

Relief Operator's Name: _____

Vehicle or Equipment ID: LN 3P38744
(Serial #)

Demob City/State: CAMPTONVILLE, CA

Were you reassigned directly from another incident? YES NO
If Yes: Original Request #: _____ Name of Incident: _____

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

Is there another operator available after the primary operator reaches the 14-day limit? YES NO

For Heavy Equipment:

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.

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: _____

Company Name: RICHARD MARTIN

Agreement # 54-IBET-02-048

Check-In Date: 05/19/ Check-In Time: 1430

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES NO

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH 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-			
4. CONTRACTOR a. name and address RICHARD MARTIN PO BOX 33 CAMPTONVILLE, CA 95922		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	a. rate	b. unit	
PU 4X4 (3/4 TON) 1967 FORD, F-250 VIN: R49HRE98908, LIC: 3P38744			\$1.03	MILE			\$103.00/DAY
PU 4X4 (3/4 TON) 1978 FORD, F-250, VIN: R59RMII3455, LIC: 3R90401			\$1.03	MILE			\$103.00/DAY
14. SPECIAL PROVISIONS 5) PICKUPS/SEDANS/STAKESIDES/VANS/SUBURBANS: MILEGAGE RATES ARE WET AND WITHOUT OPERATOR. THE CONTRACTOR IS RESPONSIBLE FOR FUEL AND MAINTENANCE. THE CONTRACTOR SHALL COMPLY WITH ALL INSURANCE AND LICENSE REQUIREMENTS OF THE STATE OF CALIFORNIA. 6) THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.							
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ RICHARD MARTIN		16. DATE 05-18-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN			18. DATE 07-03-	
19. PRINT NAME AND TITLE RICHARD MARTIN, OWNER/DRIVER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

CREW CHECK-IN SHEET

Request Number: C-301

PLANS INFORMATION

Crew Name & Designator: Grayback #1 Agency: PVT
(e.g., Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM)

Check-In Date: 05/21/ Check-In Time: 1800

Home Unit: OR-R06 Demob City: GRANTS PASS Demob State: OR
(3-Letter Identifier) (Final Destination) (Final Destination)

Method of Travel (circle one): **AOV** **POV** **AIR** **BUS**

If Air: Jetport/Airport: _____ Jetport Code: _____
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: INTERNATIONAL BUS
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: LN 125V44
(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: _____

FINANCE INFORMATION

Please attach a complete manifest for the crew, including complete names for all crewmembers. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.

Contract Information

Company Name: Grayback Forestry
EIN Number: 99-9999999
Agreement Number: 53-024B-2-2336
Address: 111 Main Street
City, ST Zip: Grants Pass, OR 97526
Phone Number: 503-555-1212

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/21/</u> First Work Day: <u>05/22/</u> Length of Assignment: _____	<input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
--	--

TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Crew Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
--

Request # C-301

Crew Type I II (Initial Attack) II (Other)

**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	PROJECT RATES
						2005	2005
					NORTHWEST		
	6/1 - 9/30	WENATCHEE N.F.					
1a	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA	NCC-1A	Wenatchee, WA	\$35.00	\$29.00
1b	53-024B-2-2340	FERGUSON MGMT. CO.	IA	NCC-1B	Wenatchee, WA	\$36.50	\$27.50
	6/1 - 9/30	COLVILLE N.F.					
2a	53-024B-2-2339	MILLER TIMBER SERV., INC.	IA	NCC-2A	Colville, WA	\$32.00	\$23.00
2b	53-024B-2-2339	MILLER TIMBER SERV., INC.	IA	NCC-2B	Colville, WA	\$32.00	\$23.00
	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	NCC-4A	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
	6/1 - 9/30	DESCHUTES N.F.					
6a	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA	NCC-6A	Bend, OR	\$35.00	\$29.00
6b	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA	NCC-6B	Bend, OR	\$35.00	\$29.00
6c	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA	NCC-6C	Bend, OR	\$35.00	\$29.00
6d	53-024B-2-2335	PATRICK ENVIRONMENTAL	IA	NCC-6D	Bend, OR	\$35.00	\$29.00
	6/1 - 9/30	SISKIYOU 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	NCC-7B	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	NCC-8A	Klamath Falls, OR	\$34.00	\$28.75
8b	53-024B-2-2333	GH RANCH, LLC	IA	NCC-8B	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-9B	Oakridge, OR	\$27.00	\$27.00
	7/15 - 10/15	HELENA N.F.			NORTHERN ROCKIES		
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	NCC-13B	Coeurd'Alene, ID	\$32.00	\$20.50
	7/15 - 10/15	LOLO N.F.			NORTHERN ROCKIES		
14a	53-024B-2-2336	GRAYBACK FORESTRY, INC.	IA	NCC-14A	Missoula, MT	\$36.00	\$28.00
14b	53-024B-2-2340	FERGUSON MGMT. CO.	IA	NCC-14B	Missoula, MT	\$37.00	\$27.50

EMERGENCY EQUIPMENT SHIFT TICKET					E-301			
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.								
1. AGREEMENT NUMBER 34-IBET-05-223				2. CONTRACTOR (name) ABC ENTERPRISES				
3. INCIDENT OR PROJECT NAME FROG INCIDENT			4. INCIDENT NUMBER MT-BRF-00000		5. OPERATOR (name) DANIEL SMITH			
6. EQUIPMENT MAKE CAT			7. EQUIPMENT MODEL D6-C		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER 12T4756			10. LICENSE NUMBER N/A		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)				
	START	STOP	HOURS/DAYS/MILES (circle one)					
			WORK				SPECIAL	
05/19	1500	2400	9.0				TRAVEL	
05/20	0730	1230	5.0				DIV Z	
05/20	1300	2000	7.0	“ “	15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor			
05/21	0600	2100	15.0	“ “	16. INVOICE POSTED BY (Recorder's initials)			
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Daniel Smith</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i>		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. AGREEMENT NUMBER 55-IBET-02-048				2. CONTRACTOR (name) JONES TRUCKING				
3. INCIDENT OR PROJECT NAME FROG INCIDENT			4. INCIDENT NUMBER MT-BRF-00000		5. OPERATOR (name) FRANK M. JONES			
6. EQUIPMENT MAKE KENWORTH			7. EQUIPMENT MODEL 3S2-18 WHEEL		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER N/A			10. LICENSE NUMBER 7YEIURR		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.) Ordered to stay w/Cat E-301 for moves during incident.				
	START	STOP	HOURS/DAYS/MILES (circle one)					
			WORK				SPECIAL	
05/19	1500	2400	9.0				100 MILES	
05/20	0730	1230	5.0				28 MILES	
05/20	1300	2000	7.0	85 MILES	15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor			
05/21	0600	2100	15.0	50 MILES	16. INVOICE POSTED BY (Recorder's initials)			
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Frank Jones</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i>		DATE SIGNED 05/21/		

EMERGENCY EQUIPMENT SHIFT TICKET					E-303	
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>						
1. AGREEMENT NUMBER 54-IBET-02-099			2. CONTRACTOR (name) WATER WORKS			
3. INCIDENT OR PROJECT NAME FROG INCIDENT		4. INCIDENT NUMBER MT-BRF-00000		5. OPERATOR (name) JANET ROBINSON		
6. EQUIPMENT MAKE INTERNATIONAL		7. EQUIPMENT MODEL 4000 GAL		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER N/A		10. LICENSE NUMBER 5T99890		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.) Released from incident 05/23 @ 0500		
	START	STOP	HOURS/DAYS/MILES (circle one)			
			WORK			SPECIAL
05/20	1800	2400	6.0			½ DAY
05/21	0600	2100	15.0			1 DAY
05/22	0630	2000	13.5	1 DAY	15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
05/23	0500	0600	1.0	TRAVEL	16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Janet Robinson</i>			18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i>		DATE SIGNED 05/23/	

EMERGENCY EQUIPMENT SHIFT TICKET					E-304	
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>						
1. AGREEMENT NUMBER 54-IBET-02-048			2. CONTRACTOR (name) RICHARD MARTIN			
3. INCIDENT OR PROJECT NAME FROG INCIDENT		4. INCIDENT NUMBER MT-BRF-00000		5. OPERATOR (name) RICHARD MARTIN		
6. EQUIPMENT MAKE FORD		7. EQUIPMENT MODEL F250 4X4		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER N/A		10. LICENSE NUMBER 3P38744		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)		
	START	STOP	HOURS/DAYS/MILES (circle one)			
			WORK			SPECIAL
05/19	1430	2030	6.0			175 MI
05/19	2030	2200	1.5			50 MI
05/20	0600	1200	6.0	20 MI	15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
05/20	1230	2100	8.5	5 MI	16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Richard Martin</i>			18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i>		DATE SIGNED 05/20/	

CREW TIME REPORT

(1) CREW NAME GRAYBACK #1			(2) CREW NUMBER C-301			
(3) OFFICE RESPONSIBLE FOR FIRE Flathead NF		(4) FIRE NAME Frog Incident		(5) FIRE NUMBER P1ABCD		
(6)	(7)	(8)	(9)		(10)	
RE- MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/21		DATE 05/21	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
	NELSON, F.		0530	1200	1230	2100
	ROYCE, C.		0600	1200	1230	2100
	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.		▼	▼	▼	▼
(11) REMARKS						
1 X 15 = 15						
19 X 14.5 = 275.5						
TOTAL 290.5						
(12) OFFICER-IN-CHARGE (Signature) <i>Sam Lee</i>			(13) TITLE (Officer-in-Charge) OSC1			
(14) NAME (Person Posting to Emergency Time Report)			(15) Date			

CREW TIME REPORT

(2) CREW NAME GRAYBACK #1			(2) CREW NUMBER C-301			
(3) OFFICE RESPONSIBLE FOR FIRE Flathead NF		(4) FIRE NAME Frog Incident		(5) FIRE NUMBER P1ABCD		
(6)	(7)	(8)	(9)		(10)	
RE- MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/22		DATE 05/22	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
	NELSON, F.		0530	1200	1230	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.		▼	▼	▼	▼
(11) REMARKS						
1 X 15.5 = 15.5						
19 X 15.0 = 285.0						
TOTAL 300.5						
(12) OFFICER-IN-CHARGE (Signature) <i>Sam Lee</i>			(13) TITLE (Officer-in-Charge) OSC1			
(14) NAME (Person Posting to Emergency Time Report)			(15) Date			

COMMISSARY ISSUE RECORD							1. FIRE LOCATION BITTERROOT NF		2. FIRE NAME FROG INCIDENT		3. FIRE NO. MT-BRF-00000
							4. FIRE CAMP NAME				
8. COMMODITY	TOBACCO	SOCKS	BOOTS	TOOTHPASTE	T-SHIRT	RAZORS	9. TOTAL COST	10. CREW IDENT.	11. PURCHASER'S NAME (PRINT) AND SIGNATURE		12. I.D. No. (from OF-288 Emergency F.F. Time Report)
											13. INITIALS (Posted to OF-288)
A	UNIT PRICE	8.00	2.00	250.00			290.00	C-300	NAME RICK COWELL		ID.NO
	QUANTITY	4	4	1					SIGNATURE		INITIALS
	SUB-TOTAL	32.00	8.00	250.00					<i>Rick Cowell</i>		
B	UNIT PRICE		2.00		1.50	12.00	29.50	O-302	NAME HEIDI CHAMBERS		ID.NO
	QUANTITY		2		1	2			SIGNATURE		INITIALS
	SUB-TOTAL		4.00		1.50	24.00			<i>Heidi Chambers</i>		
C	UNIT PRICE					2.00	10.00	O-300	NAME BETH LOPEZ		ID.NO
	QUANTITY					5			SIGNATURE		INITIALS
	SUB-TOTAL					10.00			<i>Beth Lopez</i>		
D	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										
E	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										
F	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										
G	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										
H	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										
I	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										
J	UNIT PRICE								NAME		ID.NO
	QUANTITY								SIGNATURE		INITIALS
	SUB-TOTAL										

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE						SEE COVER FOR INSTRUCTIONS.	
INCIDENT OR PROJECT NAME FROG INCIDENT			OWNER OF EQUIPMENT: <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT NAME ABC ENTERPRISES				
AGREEMENT NUMBER 34-IBET-05-223			TYPE OF EQUIPMENT CAT		LICENSE OF IDENTIFICATION NUMBER 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 05/21/ 0600		REMARKS				TOTAL 90.65	
ISSUING AGENT'S SIGNATURE <i>Bob Big</i>			PRINT NAME AND TITLE BOB BIG				
RECEIVING AGENT'S SIGNATURE <i>Dan Smith</i>			PRINT NAME AND TITLE DAN SMITH, OWNER				
POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY): INITIALS						DATE	

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE						SEE COVER FOR INSTRUCTIONS.	
INCIDENT OR PROJECT NAME FROG COMPLEX			OWNER OF EQUIPMENT: <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT NAME RICHARD MARTIN				
AGREEMENT NUMBER 54-IBET-02-048			TYPE OF EQUIPMENT FORD		LICENSE OF IDENTIFICATION NUMBER 3P38744		
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 05/20/ 0600		REMARKS				TOTAL 48.70	
ISSUING AGENT'S SIGNATURE <i>Bob Big</i>			PRINT NAME AND TITLE BOB BIG				
RECEIVING AGENT'S SIGNATURE <i>Richard Martin</i>			PRINT NAME AND TITLE RICHARD MARTIN, DRIVER				
POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY): INITIALS						DATE	

EMERGENCY EQUIPMENT RENTAL AGREEMENT

E-306

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT				
		2. AGREEMENT NUMBER 34-IBET-05-177 AMEND #1, 2, 3				
4. CONTRACTOR a. name and address ACE EMERGENCY SUPPORT ACE JONES PO BOX 343 CAMINO, CA 95709		3. EFFECTIVE DATES a. beginning 05-01-		b. ending 04-30-		
		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE				
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <u> X </u> CONTRACTOR <u> X </u> GOVERNMENT				
c. telephone number (day)						d. telephone number (night)
7. OPERATOR FURNISHED BY <u> X </u> CONTRACTOR <u> X </u> GOVERNMENT						
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.						
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit	
MISC: CHAIRS, FOLDING (1000+) \$1.00 EA/DAY WEEKLY RATE: \$5.00/EA, MONTHLY RATE: \$15.00/EA 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						
						13. GUARANTEE (8 or more hours)
MISC: 2" PUMP, INCLUDES SUCTION & DISCHARGE HOSE, ID:WP150 (SUPPLIES & OPERATOR FURNISHED BY GOVT) WEEKLY RATE: -15% 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			\$70.00	DAY		
						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 EQUIP, AMEND 3 CHANGED MILEAGE 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			

EMERGENCY EQUIPMENT RENTAL AGREEMENT

S-300

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		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-			
4. CONTRACTOR a. name and address KLEEN PORTA TOILETS RICHARD KLEEN PO BOX 1223 GRASS VALLEY, CA 98879		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT					
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT					
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	a. rate	b. unit	
PORTABLE TOILET SERVICE INCLUDES DELIVER, SET UP, ONCE A DAY SERVICE AND REMOVAL OF TOILETS ADDITIONAL SERVICES \$20.00 EA RELOCATE TOILETS PER MOVE, \$30.00 EA MILEAGE CHARGE FOR PICKUP, DELEVERY & ADDITIONAL SERVICE, \$2.00/MILE			\$55.00	DAY			
HANDICAP TOILETS EACH INCLUDES DELIVER, SETUP, ONCE PER DAY SERVICE AND REMOVAL OF TOILETS ADDITIONAL SERVICES \$20.00 EA RELOCATE TOILETS PER MOVE \$30.00 EA MILEAGE CHARGE FOR PICKUP, DELIVERY & ADDITIONAL SERVICE, \$2.00/MILE			\$100.00	DAY			
PORTABLE SINKS W/SINK TRAILER, INCLUDES SOAP, TOWELS AND HOLDING TANK FOR GREY WATER: 8 SINK, \$465/DAY W/POTABLE TRUCK \$980/DAY 10 SINK, \$565/DAY W/ POTABLE TRUCK \$1080/DAY 12 SINK, \$665/DAY W/POTABLE TRUCK \$1180/DAY							

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT			
		2. AGREEMENT NUMBER 34-IBET-05-176		PAGE 2 OF 2	
		3. EFFECTIVE DATES a. beginning 05-01-	b. ending 05-30-		
4. CONTRACTOR a. name and address KLEEN PORTA TOILETS RICHARD KLEEN PO BOX 1223 GRASS VALLEY, CA 98879		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE			
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT			
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT			
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.					
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit	12. SPECIAL a. rate b. unit	
				13. GUARANTEE (8 or more hours)	
14. SPECIAL PROVISIONS THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 09/04/ AMEND #1 ADDED INDIVIDUAL SINK UNIT MILEAGE FOR TRANSPORT PAID ONLY FOR HUAL-IN &HAUL-OUT. ONCE EQUIPMENT IS UNLOADED THE TRANSPORT WILL BE RELEASE UNLESS DIRECTED, IN WRITING, TO REMAIN. THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. MISC MILEAGE – IF MULTIPLE PIECES OF EQUIPMENT ARE ORDERED TOGETHER MILEAGE APPLIES ONLY ONCE, NOT ON EACH MISC PIECE OF EQUIPMENT. NOTE: DUMPING FEES WILL BE REIMBURSED AS CHARGED WITH SUBMISSION OF AN INVOICE WITH DUMP FEE RECEIPTS ATTACHED. MILEAGE RATES OF \$2.00/MILE PAID FOR DUMPING SERVICE.					
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ RICHARD KLEEN		16. DATE 05-23-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN		18. DATE 05-24-
19. PRINT NAME AND TITLE RICHARD KLEEN, OWNER		20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER			

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-307

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		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-			
4. CONTRACTOR a. name and address TOP RATE MOBILE OFFICE SERVICES 1223 CARNATION ROAD RUBY SPRINGS, CA 98556		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT					
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT					
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	a. rate	b. unit	
OFFICE SERVICES: COPYING SERVICE 1995 8' x 24' MOBILE OFFICE TRAILER W/AIR CONDITIONING, TRANSPORTED BY ¾ TON DODGE, 4x2, LIC: 4D3998 DELIVERY RETURN RATE & ALL TRAILER MOVEMENT MILEAGE, RAND MCNALLY, \$1.30/MI. EQUIPPED W/MACHINE OPERATORS TO COVER 24HR SERVICE, ONE PER SHIFT. GENERATOR: HONDA 12KW, MODEL RE22DEG334, 120/140 VAC, 50A, 30A & 20A OUTLETS, COPIERS: MINOLTA D450 W/COLLATOR, SN:3440099, CANON COLOR COPIER, SN: IKY22309			\$1,780.00	DAY			
COPIES: 1ST 300/DAY INCLUDED IN BASE RATE, OVER 300 @ \$0.10/EA, UP TO 11X17 (11X17 COUNTS AS 2 COPIES) COLOR COPIES 8 ½ X 11", \$1.50/EA			\$0.10	EACH			
SECRETARY SERVICE IS NEGOTIABLE WHEN REQUESTED AT TIME OF ORDER, 12 HR SHIFT		1	\$195.00	DAY			
ADDITIONAL OPERATOR RATE WHEN INCIDENT ACTION PLANS (IAP) EXCEED 100/DAY		1	\$260.00	DAY			

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER PAGE 2 OF 2 55-IBET-02-087			
		3. EFFECTIVE DATES a. beginning 05-01-	b. ending 05-30-		
4. CONTRACTOR a. name and address TOP RATE MOBILE OFFICE SERVICES 1223 CARNATION ROAD RUBY SPRINGS, CA 98556		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE			
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT			
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT			
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.					
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit	12. SPECIAL a. rate b. unit	13. GUARANTEE (8 or more hours)
14. SPECIAL PROVISIONS <p style="margin: 0;">THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.</p> <p style="margin: 0;">WHEN CAMP IS NOT AVAILABLE CONTRACTOR MAY BE PAID A PER PERSON PER DIEM RATE IN ACCORDANCE WITH LOCAL OR CONUS RATE UP TO \$75.00/DAY PER PERSON</p> <p style="margin: 0;">BILLING RATE REDUCED BY ONE PERCENT (1%) IF PAID WITHIN FIFTEEN (15) DAYS AFTER EACH ASSIGNMENT OR INCIDENT.</p> <p style="margin: 0;">BASE RATE INCLUDES (1) MINOLTA COPIER D1450 AUTO FEED, COLLATOR (2) MINOLTA COPIER EP2121 (3) PENTIUM COMPUTERS W/MODEM (4) PRINTER-LEXMARK COLOR PRINTER (5) FAXES, OKIDATA, OKIFAX 1000 & 5250 (6) GOVERNMENT TO PROVIDE TELEPHONE LINES (7) PAPER SUPPLIED BY CONTRACTOR UP TO 40,000 COPIES, USAGE ABOVE THAT QUANTITY PER INCIDENT FURNISHED BY GOVERNMENT (8) OCE 7051 COPIER, MAP 36' X 9', BOND PAPER – 36" w = \$.90 PER SQ FT, VELLUM – 35" w = \$1.40 PER SQ FT, MYLAR – 36" w = \$3.00 PER SQ FT (9) MINOLTA COPIER 6000, AUTO FEED COLLATRO.</p> <p style="margin: 0;">PAYMENT: A DAILY ITEMIZED RUNNING RECORD, SIGNED DAILY BY INCIDENT REPRESENTATIVE, SHALL BE A FINAL ITEMIZED INVOICE FOR PAYMENT WHEN RELEASED FROM INCIDENT.</p>					
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ MELODIE BROOKS		16. DATE 05-24-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN		18. DATE 05-24-
19. PRINT NAME AND TITLE MELODIE BROOKS, OWNER		20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER			

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-308

1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401		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 address JACKSON ENTERPRISES 334 LOWER GRASS VALLEY ROAD NEVADA CITY, CA 95958		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE						
b. SSN or Tax ID#		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT						
c. telephone number (day)	d. telephone number (night)	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT						
8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.								
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit		13. GUARANTEE (8 or more hours)	
MISCELLANEOUS – SMALL ENGINE MECHANIC W/TOOLS			\$100.00	HR				
MISCELLANEOUS – TOW VEHICLE & STOCKED SUPPLY/WORKSHOP TRAILER *TRAILER MILEAGE \$1.00/MILE			\$150.00	DAY				
MISCELLANEOUS – PARTS COST PLUS 40%								
MISCELLANEOUS – PARTS RUNNING VEHICLE W/OPERATOR – PORTAL TO PORTAL			\$1.25	MI				
14. SPECIAL PROVISIONS ALLRATES NEGOTIATED 6) THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.								
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ PETE JACKSON			16. DATE 06-30-	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN			18. DATE 05-24-	
19. PRINT NAME AND TITLE PETE JACKSON, OWNER				20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

EMERGENCY EQUIPMENT SHIFT TICKET					E-306	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.						
1. AGREEMENT NUMBER 34-IBET-05-177				2. CONTRACTOR (name) ACE EMERGENCY SUPPORT		
3. INCIDENT OR PROJECT NAME FROG INCIDENT			4. INCIDENT NUMBER MT-BRF-0000		5. OPERATOR (name) ACE JONES	
6. EQUIPMENT MAKE CHAIRS/TABLES			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)		
	START	STOP	HOURS/DAYS/MILES (circle one) WORK SPECIAL			
05/21	1500	1800	1000	CHAIRS DELIVERY/SETUP		
			200	TABLES DELIVERY/SETUP		
05/21	1500	1800	30	miles		
				15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor		
				16. INVOICE POSTED BY (Recorder's initials)		
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Ace Jones</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i>		DATE SIGNED

EMERGENCY EQUIPMENT SHIFT TICKET					S-300	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.						
1. AGREEMENT NUMBER 34-IBET-05-176				2. CONTRACTOR (name) KLEEN PORTA TOILETS		
3. INCIDENT OR PROJECT NAME FROG INCIDENT			4. INCIDENT NUMBER		5. OPERATOR (name) RICHARD KLEEN	
6. EQUIPMENT MAKE TOILETS			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)		
	START	STOP	HOURS/DAYS/MILES (circle one) WORK SPECIAL			
05/20	1200	1900		10 DELIVERED		
				5 RELOCATED		
				2 HANDICAPPED DELIVERED		
05/20			50	miles		
				15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor		
				16. INVOICE POSTED BY (Recorder's initials)		
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Richard Kleen</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i>		DATE SIGNED

EMERGENCY EQUIPMENT SHIFT TICKET					E-307	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.						
1. AGREEMENT NUMBER 55-IBET-02-087				2. CONTRACTOR (name) TOP RATE MOBILE OFFICE SVCS		
3. INCIDENT OR PROJECT NAME FROG COMPLEX			4. INCIDENT NUMBER MT-BRF-0000		5. OPERATOR (name)	
6. EQUIPMENT MAKE OFFICE SVCS			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)		
	START	STOP	HOURS/DAYS/MILES (circle one) WORK SPECIAL			
05/21	0630	1900		478 PAGES	15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
				20 COLOR PGS		
					16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Daniel Smith</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i>		DATE SIGNED

EMERGENCY EQUIPMENT SHIFT TICKET					E-308	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.						
1. AGREEMENT NUMBER 34-IBET-02-125				2. CONTRACTOR (name) JACKSON ENTERPRISES		
3. INCIDENT OR PROJECT NAME FROG COMPLEX			4. INCIDENT NUMBER MT-BRF-0000		5. OPERATOR (name)	
6. EQUIPMENT MAKE MECHANIC			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.) FAN BELT – \$79.00 OIL FILTER – \$15.00		
	START	STOP	HOURS/DAYS/MILES (circle one) WORK SPECIAL			
05/20	0800	1300			15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
	1330	1800				
05/20			35MI	TRAILER	16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Michelle Jackson</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i>		DATE SIGNED