

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1FUEYSYG1JP317660	OR-JDCC	Daily Rate \$1000/Day

Vendor Information

Company Name: ALL WET WATER TRUCKING
DUNS: 833180966
Company Address:
46180 HWY 19
FOSSIL, Oregon, 97830-8204

Mailing Address: same as above

Primary Contact:

Name: WILLIAM HOOVER
Email: williehoov@hotmail.com
Daytime Phone: 5419934784
Cell Phone: 5419934783
Evening Phone: 5419934784
Fax: 5417632131

Secondary Contact: none

Discount Terms:

none

Small Business Status

Small Business: Y
HUBZone: N
Service-Disabled Veteran-Owned Small Business: N
8(a): N
LSA Flag: N

Supporting Documentation

Has Workers Compensation Insurance: Y
Workers Comp. Insurance Expiration Date: 12/31/2011
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Water Tender (Support), Type 2

Please complete the required fields, which are indicated by an asterisk (*) and highlighted in yellow.

For Agreement Phase Only:

Withdraw this resource Replace this VIN Number

From this drop-down list, select the VIN Number that you wish to withdraw or select the VIN Number that you wish to replace with the new VIN Number that you provide on this form.

1. Equipment Description

License # * State * (Where the license was issued)

VIN Number * Equipment ID *

Make * Model *

Year * DOT Inspection Issue Date * Insurance Policy Expiration Date *

2. Equipment Location

City * State * Zip Code * -

Dispatch Center * Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity * gallons hauled (water) All-Wheel Drive *

Spray Bar Configuration * Suspension *

4. Rates

Daily Rate * \$

Do you have enough employees for a double shift? Yes No

5. Contact Information

Complete this section ONLY if the contact information is different than what is listed on the Vendor Company Information form.

First Name Last Name

Daytime Phone () - Cell Phone () - Evening Phone () - FAX () -

E-mail Address

First Name Last Name

Daytime Phone () - Cell Phone () - Evening Phone () - FAX () -

E-mail Address