

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. <b>AG-04H1-B-10-7045</b>	3. AWARD/EFFECTIVE DATE <b>04/13/2010 - 04/13/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010 08:37 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME <b>Kermadine Barton</b>	b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	8. OFFER DUE DATE/ LOCAL TIME <b>02/25/2010 18:30 US/Pacific</b>	
9. ISSUED BY <b>USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		CODE	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: _____ % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: <b>115310</b> SIZE STANDARD: <b>17.5</b>		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO		CODE	16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		
17a. CONTRACTOR/OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
<b>Brothers Industries Inc, DBA Alder Creek Firefighting P.O. Box 997 Twisp, Washington, 98856-0997</b>		TELEPHONE NO. <b>5099971011</b>			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>				
<i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>					
25. ACCOUNTING AND APPROPRIATION DATA			26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED <u>04/13/2010</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS.		
30a. SIGNATURE OF OFFEROR/CONTRACTOR <b>/s/ Saulius Labanauskas</b>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Kermadine Barton</b>		
30b. NAME AND TITLE OF SIGNER (Type or print) <b>Saulius Labanauskas -</b>	30c. DATE SIGNED <b>04/13/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/13/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1FDAX57P64EB15397	WA-CWC	Daily Rate \$1814/Day
Engine Type 6	1FDAF57P73EC21181	WA-CWC	Daily Rate \$1814/Day
Engine Type 6	1FDAF57P43EB60307	WA-CWC	Daily Rate \$1814.01/Day
Engine Type 6	1FDAX4HR2AEB04421	WA-CWC	Daily Rate \$1830.82/Day
Engine Type 6	2FDKF38MXMCA50849	WA-CWC	Daily Rate \$1802.88/Day
Engine Type 6	1FDAF57P34EB15411	WA-CWC	Daily Rate \$1814/Day
Engine Type 6	1FDXX47R88EB01948	WA-CWC	Daily Rate \$1825.2/Day
Engine Type 6	1FDAX57F32EB42710	WA-CWC	Daily Rate \$1808.42/Day
Engine Type 6	1FDWF37F82EA62865	WA-CWC	Daily Rate \$1808.44/Day
Engine Type 6	1FDAF57P44EB15417	WA-CWC	Daily Rate \$1814/Day
Engine Type 6	1FDXF47R58EC85488	WA-CWC	Daily Rate \$1825.21/Day
Engine Type 6	1FDAF57PX3EB78598	WA-CWC	Daily Rate \$1814.03/Day
Engine Type 6	1FDAF57F9XEA35753	WA-CWC	Daily Rate \$1802.89/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1XKWDB9X0TS723676	WA-CWC	Daily Rate \$1218.25/Day
Water Tender (Support) Type 2	1XPFD98X4RN349889	WA-CWC	Daily Rate \$1248.98/Day

**Vendor Information**

Company Name: Brothers Industries Inc, DBA Alder Creek Firefighting

DUNS: 122650653

Company Address:

P.O. Box 997

Twisp, Washington, 98856-0997

Mailing Address: same as above

Primary Contact:

Name: Saul Labanauskas

Email: saul@centurytel.net

Daytime Phone: 5099971011

Cell Phone: 5093224150

Evening Phone: 5099971011

Fax: 5099971010

Secondary Contact:

Name: Traci Day

Email: traciday@centurytel.net

Daytime Phone: 5099971011

Cell Phone: 5094490045

Evening Phone: 5099971011

Fax: 5099971010

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: N

Service-Disabled Veteran-Owned Small Business: N

8(a): N

LSA Flag: Y

Supporting Documentation

Has Workers Compensation Insurance: Y

Workers Comp. Insurance Expiration Date: 12/31/2010

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y



Solicitation Year: 2010

Resource Category

Engine, Type 6

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 # \* **A65142S**      State \* **WA** (Where the license was issued)

VIN Number \* **1FDAX57P64EB15397**      Equipment ID \* **01**

Make \* **Ford**      Model \* **F-550 Super Duty**

Year \* **2004**      DOT Inspection Issue Date \* **02/09/2010**      Insurance Policy Expiration Date \* **01/17/2011**

### 2. Equipment Location

City \* **TWISP**      State \* **WA**      Zip Code \* **98856** -

Dispatch Center \* **WA-CWC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity \* **301-399** gallons hauled (water)      Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes**      CAFS \*  Yes  No      Foam Proportioner System \* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate \* \$ **1814.00**

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



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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) Pump Performance \*

All-Wheel Drive \*  CAFS \*  Yes  No Foam Proportioner System \*

### 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

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First Name  Last Name

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

E-mail Address



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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 # \* **A65140S**      State \* **WA** (Where the license was issued)

VIN Number \* **1FDAF57P34EB15411**      Equipment ID \* **03**

Make \* **FORD**      Model \* **F-550 Super Duty**

Year \* **2004**      DOT Inspection Issue Date \* **02/09/2010**      Insurance Policy Expiration Date \* **01/17/2011**

**2. Equipment Location**

City \* **TWISP**      State \* **WA**      Zip Code \* **98856** -

Dispatch Center \* **WA-CWC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \* **301-399** gallons hauled (water)      Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes**      CAFS \*  Yes  No      Foam Proportioner System \* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate \* \$ **1814.00**

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



Solicitation Year: 2010

Resource Category

Engine, Type 6

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) Pump Performance \*

All-Wheel Drive \*  CAFS \*  Yes  No Foam Proportioner System \*

### 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



Solicitation Year: 2010

Resource Category

Engine, Type 6

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 # \* **B90523G**      State \* **WA** (Where the license was issued)

VIN Number \* **1FDXX47R88EB01948**      Equipment ID \* **05**

Make \* **FORD**      Model \* **F-450 Super Duty**

Year \* **2008**      DOT Inspection Issue Date \* **02/09/2010**      Insurance Policy Expiration Date \* **01/17/2011**

### 2. Equipment Location

City \* **Twisp**      State \* **WA**      Zip Code \* **98856** -

Dispatch Center \* **WA-CWC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity \* **301-399** gallons hauled (water)      Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes**      CAFS \*  Yes  No      Foam Proportioner System \* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate \* \$ **1825.20**      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



Solicitation Year: 2010

Resource Category

Engine, Type 6

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 # \* **A09066W** State \* **WA** (Where the license was issued)

VIN Number \* **1FDAF57P43EB60307** Equipment ID \* **06**

Make \* **FORD** Model \* **F-550 Super Duty**

Year \* **2003** DOT Inspection Issue Date \* **02/09/2010** Insurance Policy Expiration Date \* **01/17/2011**

### 2. Equipment Location

City \* **TWISP** State \* **WA** Zip Code \* **98856** -

Dispatch Center \* **WA-CWC** Latitude  Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity \* **301-399** gallons hauled (water) Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes** CAFS \*  Yes  No Foam Proportioner System \* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate \* \$ **1814.01**

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



Solicitation Year: 2010

Resource Category

Engine, Type 6

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 # \* B42903F      State \* WA (Where the license was issued)

VIN Number \* 1FDXF47R58EC85488      Equipment ID \* 07

Make \* FORD      Model \* F-450 Super Duty

Year \* 2008      DOT Inspection Issue Date \* 02/09/2010      Insurance Policy Expiration Date \* 01/17/2011

### 2. Equipment Location

City \* TWISP      State \* WA      Zip Code \* 98856 -

Dispatch Center \* WA-CWC      Latitude      Longitude

*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity \* 301-399 gallons hauled (water)      Pump Performance \* Excellent (150 psi or more)

All-Wheel Drive \* Yes      CAFS \*  Yes  No      Foam Proportioner System \* Manually Regulated Proportioner

### 4. Rates

Daily Rate \* \$ 1825.21

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



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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) Pump Performance \*

All-Wheel Drive \*  CAFS \*  Yes  No Foam Proportioner System \*

**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



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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 # \* **B83949L**      State \* **WA** (Where the license was issued)

VIN Number \* **1FDAX4HR2AEB04421**      Equipment ID \* **09**

Make \* **FORD**      Model \* **F-450 Super Duty**

Year \* **2010**      DOT Inspection Issue Date \* **02/09/2010**      Insurance Policy Expiration Date \* **01/17/2011**

### 2. Equipment Location

City \* **TWISP**      State \* **WA**      Zip Code \* **98856** - [ ]

Dispatch Center \* **WA-CWC**      Latitude [ ]      Longitude [ ]

*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity \* **301-399** gallons hauled (water)      Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes**      CAFS \*  Yes  No      Foam Proportioner System \* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate \* \$ **1830.82**

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 [ ]



Solicitation Year: 2010

Resource Category

Engine, Type 6

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 # \* B61698L      State \* WA (Where the license was issued)

VIN Number \* 1FDAF57PX3EB78598      Equipment ID \* 10

Make \* FORD      Model \* F-550 Super Duty

Year \* 2003      DOT Inspection Issue Date \* 02/09/2010      Insurance Policy Expiration Date \* 01/17/2011

### 2. Equipment Location

City \* TWISP      State \* WA      Zip Code \* 98856 -

Dispatch Center \* WA-CWC      Latitude      Longitude

*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity \* 301-399 gallons hauled (water)      Pump Performance \* Excellent (150 psi or more)

All-Wheel Drive \* Yes      CAFS \*  Yes  No      Foam Proportioner System \* Manually Regulated Proportioner

### 4. Rates

Daily Rate \* \$ 1814.03

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



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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 # \* **A44440N**      State \* **WA** (Where the license was issued)

VIN Number \* **1FDWF37F82EA62865**      Equipment ID \* **11**

Make \* **FORD**      Model \* **F350**

Year \* **2002**      DOT Inspection Issue Date \* **02/09/2010**      Insurance Policy Expiration Date \* **01/17/2011**

**2. Equipment Location**

City \* **TWISP**      State \* **WA**      Zip Code \* **98856** - [ ]

Dispatch Center \* **WA-CWC**      Latitude [ ]      Longitude [ ]

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \* **301-399** gallons hauled (water)      Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes**      CAFS \*  Yes  No      Foam Proportioner System \* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate \* \$ **1808.44**

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

**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 [ ]



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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 #\* **A04013Y** State\* **WA** (Where the license was issued)

VIN Number\* **2FDKF38MXMCA50849** Equipment ID\* **12**

Make\* **FORD** Model\* **F350**

Year\* **1991** DOT Inspection Issue Date\* **02/10/2010** Insurance Policy Expiration Date\* **01/17/2011**

### 2. Equipment Location

City\* **Twisp** State\* **WA** Zip Code\* **98856** -

Dispatch Center\* **WA-CWC** Latitude  Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity\* **301-399** gallons hauled (water) Pump Performance\* **Excellent (150 psi or more)**

All-Wheel Drive\* **Yes** CAFS\*  Yes  No Foam Proportioner System\* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate\* \$ **1802.88**

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



Solicitation Year: 2010

Resource Category

**Engine, Type 6**

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 # \* **A01622L**      State \* **WA** (Where the license was issued)

VIN Number \* **1FDAF57F9XEA35753**      Equipment ID \* **13**

Make \* **FORD**      Model \* **F-550 Superduty**

Year \* **1999**      DOT Inspection Issue Date \* **02/10/2010**      Insurance Policy Expiration Date \* **01/17/2011**

**2. Equipment Location**

City \* **Twisp**      State \* **WA**      Zip Code \* **98856** - [ ]

Dispatch Center \* **WA-CWC**      Latitude [ ]      Longitude [ ]

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity \* **301-399** gallons hauled (water)      Pump Performance \* **Excellent (150 psi or more)**

All-Wheel Drive \* **Yes**      CAFS \*  Yes  No      Foam Proportioner System \* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate \* \$ **1802.89**

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 [ ]



**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**

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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



**Solicitation Year: 2010**  
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**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

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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