

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-10-7009</b>		3. AWARD/EFFECTIVE DATE <b>04/12/2010 - 04/12/2013</b>		4. ORDER NUMBER		5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</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>03/04/2010 00:30 PST</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>				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> CODE _____			
17a. CONTRACTOR/OFFEROR <b>Grayback Forestry, Inc. 1150 Ort Lane Merlin, Oregon, 97532</b> TELEPHONE NO. <b>5414760033</b>		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b> CODE _____			
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	
		<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 <b>04/12/2010</b> . 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/ Thomas Oden</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>Thomas Oden -</b>		30c. DATE SIGNED <b>04/12/2010</b>		31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/12/2010</b>	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 4	1FVDBTAK22HJ59463	OR-MIC	Daily Rate \$2250.00/Day
Engine Type 4	1FDXK84ASLVA02016	OR-MIC	Daily Rate \$2550/Day
Engine Type 4	1FVDBTBV12HJ74142	OR-JDCC	Daily Rate \$2275/Day
Engine Type 4	1FVDBTAK42HJ59464	OR-MIC	Daily Rate \$2250/Day
Engine Type 6	1FDXX47S32EB37735	OR-NOC	Daily Rate \$1920.00/Day
Engine Type 6	1FDXX47S12EB70717	OR-MIC	Daily Rate \$1870/Day
Engine Type 6	1FDXF47S9XEC68467	OR-JDCC	Daily Rate \$1970.00/Day
Engine Type 6	1FDXX47S32EB70718	OR-MIC	Daily Rate \$1870/Day
Engine Type 6	1FDWF37S9YED34684	OR-NOC	Daily Rate \$1970.00/Day
Engine Type 6	1FDAF57F21EB32090	OR-MIC	Daily Rate \$1970/Day
Engine Type 6	1FDXX47S52EB37736	OR-NOC	Daily Rate \$1920.00/Day
Engine Type 6	1FDXX47S12EB37734	OR-JDCC	Daily Rate \$1920.00/Day
Engine Type 6	1FDXF47S0XEC68468	OR-MIC	Daily Rate \$2350/Day
Engine Type 6	1FDXF47S8YEC42489	OR-MIC	Daily Rate \$1970/Day
Engine Type 6	1FDAF57F61EB32089	OR-MIC	Daily Rate \$1945/Day
Engine Type 6	1FDWF37S41ED85869	OR-MIC	Daily Rate \$2250/Day
Engine Type 6	1FDAX57P23EC13759	OR-JDCC	Daily Rate \$1920.00/Day
Engine Type 6	1FDKF38GOVEB47306	OR-MIC	Daily Rate \$2375.00/Day
Engine Type 6	1FDXF47S7XEC68466	OR-JDCC	Daily Rate \$1970.00/Day
Engine Type 6	1FDAF57F41EB32088	OR-MIC	Daily Rate \$1945/Day
Engine Type 6	1FDAX57P93EC13760	OR-MIC	Daily Rate \$1845/Day
Engine Type 6	1FDAX57P03EC13761	OR-MIC	Daily Rate \$1845/Day
Engine Type 6	1FDAX57P77EA61435	OR-JDCC	Daily Rate \$1920.00/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1FVHBGAS72HK96925	OR-MIC	Daily Rate \$1650/Day
Water Tender (Support) Type 2	1FVHBGAS53HL87791	OR-MIC	Daily Rate \$1625/Day
Water Tender (Support) Type 2	2WLPDCCH9RK932485	OR-MIC	Daily Rate \$1650/Day

**Vendor Information**

**Company Name:** Grayback Forestry, Inc.

**DUNS:** 095013975

**Company Address:**

1150 Ort Lane

Merlin, Oregon, 97532

**Mailing Address:**

P.O. Box 838

Merlin, Oregon, 97532

**Primary Contact:**

**Name:** Michael Wheelock

**Email:** thom@graybackforestry.com

**Daytime Phone:** 5414760033

**Cell Phone:** 5412182748

**Evening Phone:** 5414760033

**Fax:** 5414760162

**Secondary Contact:**

**Name:** Thom Oden

**Email:** thom@graybackforestry.com

**Daytime Phone:** 5414760033

**Cell Phone:** null

**Evening Phone:** 5414760033

**Fax:** 5414760162

**Discount Terms:**

none

**Small Business Status**

**Small Business:** Y

**HUBZone:** Y

**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:** 01/01/2011

**Has sufficient employees:** N

**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 #\* **T552321** State\* **OR** (Where the license was issued)

VIN Number\* **1FDXX47S32EB37735** Equipment ID\* **E1**

Make\* **Ford** Model\* **F-450**

Year\* **2002** DOT Inspection Issue Date\* **11/23/2009** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **La Grande** State\* **OR** Zip Code\* **97850** -

Dispatch Center\* **OR-NOC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1920.00**

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 #\* T536531      State\* OR (Where the license was issued)

VIN Number\* 1FDXX47S52EB37736      Equipment ID\* E4

Make\* Ford      Model\* F-450

Year\* 2002      DOT Inspection Issue Date\* 11/24/2009      Insurance Policy Expiration Date\* 01/01/2011

### 2. Equipment Location

City\* La Grande      State\* OR      Zip Code\* 97850 -

Dispatch Center\* OR-NOC      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\* Automatic Regulating Proportioner

### 4. Rates

Daily Rate\* \$ 1920.00

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 4**

*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 #\* **YCPG236**      State\* **OR** (Where the license was issued)

VIN Number\* **1FDXK84A5LVA02016**      Equipment ID\* **E5**

Make\* **Ford**      Model\* **F-800**

Year\* **1990**      DOT Inspection Issue Date\* **02/04/2010**      Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin**      State\* **OR**      Zip Code\* **97532** -

Dispatch Center\* **OR-MIC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **1000-1500** gallons hauled (water)      Pump Performance\* **Excellent (150 psi or more)**

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

**4. Rates**

Daily Rate\* \$ **2550.00**

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

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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 #  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  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

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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 #\* T564525      State\* OR (Where the license was issued)  
VIN Number\* 1FDXX47S12EB37734      Equipment ID\* E11  
Make\* Ford      Model\* F-450  
Year\* 2002      DOT Inspection Issue Date\* 11/04/2009      Insurance Policy Expiration Date\* 01/01/2011

**2. Equipment Location**

City\* Canyon City      State\* OR      Zip Code\* 97820 -  
Dispatch Center\* OR-JDCC      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\* Automatic Regulating Proportioner

**4. Rates**

Daily Rate\* \$ 1920.00

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 #\* **T517270** State\* **OR** (Where the license was issued)

VIN Number\* **1FDKF38GOVEB47306** Equipment ID\* **E13**

Make\* **Ford** Model\* **F-350**

Year\* **1997** DOT Inspection Issue Date\* **02/05/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **White City** State\* **OR** Zip Code\* **97503** -

Dispatch Center\* **OR-MIC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **226-300** 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\* \$ **2375.00**

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

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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 # \* T524133      State \* OR (Where the license was issued)

VIN Number \* 1FDXF47S9XEC68467      Equipment ID \* E16

Make \* Ford      Model \* F-450

Year \* 1999      DOT Inspection Issue Date \* 11/02/2009      Insurance Policy Expiration Date \* 01/01/2011

### 2. Equipment Location

City \* Canyon City      State \* OR      Zip Code \* 97820 -

Dispatch Center \* OR-JDCC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity \* 301-399 gallons hauled (water)      Pump Performance \* Good (125 psi to 149 psi)

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

### 4. Rates

Daily Rate \* \$ 1970.00

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 #\* **T524132** State\* **OR** (Where the license was issued)  
VIN Number\* **1FDXF47S0XEC68468** Equipment ID\* **E17**  
Make\* **Ford** Model\* **F-450**  
Year\* **1999** DOT Inspection Issue Date\* **12/03/2009** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin** State\* **OR** Zip Code\* **97532** -  
Dispatch Center\* **OR-MIC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **2350.00**

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 #\* T524131      State\* OR (Where the license was issued)

VIN Number\* 1FDXF47S7XEC68466      Equipment ID\* E18

Make\* Ford      Model\* F-450

Year\* 1999      DOT Inspection Issue Date\* 11/04/2009      Insurance Policy Expiration Date\* 01/01/2011

### 2. Equipment Location

City\* Canyon City      State\* OR      Zip Code\* 97820 -

Dispatch Center\* OR-JDCC      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\* Automatic Regulating Proportioner

### 4. Rates

Daily Rate\* \$ 1970.00

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 #\* **T539012** State\* **OR** (Where the license was issued)

VIN Number\* **1FDXX47S32EB70718** Equipment ID\* **E19**

Make\* **Ford** Model\* **F-450**

Year\* **2002** DOT Inspection Issue Date\* **02/05/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **White City** State\* **OR** Zip Code\* **97503** -

Dispatch Center\* **OR-MIC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1870.00**

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

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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 #\* T531172      State\* OR (Where the license was issued)

VIN Number\* 1FDXF47S8YEC42489      Equipment ID\* E21

Make\* Ford      Model\* F-450

Year\* 2000      DOT Inspection Issue Date\* 02/05/2010      Insurance Policy Expiration Date\* 01/01/2011

### 2. Equipment Location

City\* White City      State\* OR      Zip Code\* 97503 -

Dispatch Center\* OR-MIC      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\* Automatic Regulating Proportioner

### 4. Rates

Daily Rate\* \$ 1970.00

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 #\* T531186      State\* OR (Where the license was issued)

VIN Number\* 1FDWF37S9YED34684      Equipment ID\* E22

Make\* Ford      Model\* F-350

Year\* 2000      DOT Inspection Issue Date\* 12/04/2009      Insurance Policy Expiration Date\* 01/01/2011

### 2. Equipment Location

City\* La Grande      State\* OR      Zip Code\* 97850 -

Dispatch Center\* OR-NOC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity\* 226-300 gallons hauled (water)      Pump Performance\* Excellent (150 psi or more)

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

### 4. Rates

Daily Rate\* \$ 1970.00

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 #\* **T534215** State\* **OR** (Where the license was issued)

VIN Number\* **1FDAF57F41EB32088** Equipment ID\* **E23**

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

Year\* **2001** DOT Inspection Issue Date\* **02/04/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin** State\* **OR** Zip Code\* **97532** -

Dispatch Center\* **OR-MIC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1945.00**

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 #\* **T534216**      State\* **OR** (Where the license was issued)

VIN Number\* **1FDAF57F61EB32089**      Equipment ID\* **E24**

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

Year\* **2001**      DOT Inspection Issue Date\* **02/04/2010**      Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin**      State\* **OR**      Zip Code\* **97532** -

Dispatch Center\* **OR-MIC**      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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1945.00**

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 #\* **T534217** State\* **OR** (Where the license was issued)

VIN Number\* **1FDAF57F21EB32090** Equipment ID\* **E25**

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

Year\* **2001** DOT Inspection Issue Date\* **02/04/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin** State\* **OR** Zip Code\* **97532** -

Dispatch Center\* **OR-MIC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1970.00**

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 #\* **T536452**      State\* **OR** (Where the license was issued)

VIN Number\* **1FDWF37S41ED85869**      Equipment ID\* **E27**

Make\* **Ford**      Model\* **F-350**

Year\* **2001**      DOT Inspection Issue Date\* **02/05/2010**      Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **White City**      State\* **OR**      Zip Code\* **97503** -

Dispatch Center\* **OR-MIC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **226-300** gallons hauled (water)      Pump Performance\* **Excellent (150 psi or more)**

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

**4. Rates**

Daily Rate\* \$ **2250.00**

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

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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 4**

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 #\* **YCRF679** State\* **OR** (Where the license was issued)

VIN Number\* **1FVDBTBV12HJ74142** Equipment ID\* **E26**

Make\* **Freightliner** Model\* **FL70**

Year\* **2002** DOT Inspection Issue Date\* **11/04/2009** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Canyon City** State\* **OR** Zip Code\* **97820** -

Dispatch Center\* **OR-JDCC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **1000-1500** gallons hauled (water) Pump Performance\* **Excellent (150 psi or more)**

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

**4. Rates**

Daily Rate\* \$ **2275.00**

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 4**

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\*  Yes      CAFS\*  Yes  No      Foam Proportioner System\*

**4. Rates**

Daily Rate\* \$

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

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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 #\* T543578      State\* OR (Where the license was issued)

VIN Number\* 1FDAX57P23EC13759      Equipment ID\* E30

Make\* Ford      Model\* F-550

Year\* 2003      DOT Inspection Issue Date\* 10/22/2009      Insurance Policy Expiration Date\* 01/01/2011

### 2. Equipment Location

City\* Canyon City      State\* OR      Zip Code\* 97820 -

Dispatch Center\* OR-JDCC      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\* Automatic Regulating Proportioner

### 4. Rates

Daily Rate\* \$ 1920.00

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 #\* **T543579** State\* **OR** (Where the license was issued)

VIN Number\* **1FDAX57P93EC13760** Equipment ID\* **E31**

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

Year\* **2003** DOT Inspection Issue Date\* **02/04/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin** State\* **OR** Zip Code\* **97532** -

Dispatch Center\* **OR-MIC** 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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1845.00**

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 #\* **T543580**      State\* **OR** (Where the license was issued)

VIN Number\* **1FDAX57P03EC13761**      Equipment ID\* **E32**

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

Year\* **2003**      DOT Inspection Issue Date\* **02/05/2010**      Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **White City**      State\* **OR**      Zip Code\* **97503** -

Dispatch Center\* **OR-MIC**      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\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **1845.00**

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 #\* **T562741**      State\* **OR** (Where the license was issued)  
VIN Number\* **1FDAX57P77EA61435**      Equipment ID\* **E33**  
Make\* **Ford**      Model\* **F-550**  
Year\* **2007**      DOT Inspection Issue Date\* **11/05/2009**      Insurance Policy Expiration Date\* **01/01/2011**

### 2. Equipment Location

City\* **Canyon City**      State\* **OR**      Zip Code\* **97820** -  
Dispatch Center\* **OR-JDCC**      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\* **Automatic Regulating Proportioner**

### 4. Rates

Daily Rate\* \$ **1920.00**      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**  
**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 #\* **YCRJ805** State\* **OR** (Where the license was issued)

VIN Number\* **2WLPDCCH9RK932485** Equipment ID\* **T1**

Make\* **Western Star** Model\* **4964F**

Year\* **1994** DOT Inspection Issue Date\* **02/04/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin** State\* **OR** Zip Code\* **97532** -

Dispatch Center\* **OR-MIC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **2500-2999** gallons hauled (water) All-Wheel Drive\* **No**

Spray Bar Configuration\* **Pressure Front or Rear** Suspension\* **Vocational Duty**

**4. Rates**

Daily Rate\* \$ **1650.00**

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**  
**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 #\* **YCRP076** State\* **OR** (Where the license was issued)

VIN Number\* **1FVHBGAS72HK96925** Equipment ID\* **T5**

Make\* **Freightliner** Model\* **FL 112**

Year\* **2002** DOT Inspection Issue Date\* **02/05/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **White City** State\* **OR** Zip Code\* **97503** -

Dispatch Center\* **OR-MIC** Latitude  Longitude

Latitude and Longitude are for future use.

**3. Equipment Attributes**

Capacity\* **2500-2999** gallons hauled (water) All-Wheel Drive\* **No**

Spray Bar Configuration\* **Pressure Front or Rear** Suspension\* **Vocational Duty**

**4. Rates**

Daily Rate\* \$ **1650.00**

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**  
**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 #\* **YCRP660** State\* **OR** (Where the license was issued)

VIN Number\* **1FVHBGAS53HL87791** Equipment ID\* **T6**

Make\* **Freightliner** Model\* **FL 112**

Year\* **2003** DOT Inspection Issue Date\* **02/04/2010** Insurance Policy Expiration Date\* **01/01/2011**

**2. Equipment Location**

City\* **Merlin** State\* **OR** Zip Code\* **97532** -

Dispatch Center\* **OR-MIC** Latitude Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **2500-2999** gallons hauled (water) All-Wheel Drive\* **No**

Spray Bar Configuration\* **Pressure Front or Rear** Suspension\* **Vocational Duty**

**4. Rates**

Daily Rate\* \$ **1625.00**

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