

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE OF PAGE	
2. CONTRACT NO. AG-04H1-B-10-7088		3. AWARD/EFFECTIVE DATE 04/14/2010 - 04/14/2013		4. ORDER NUMBER		5. SOLICITATION NUMBER AG-04H1-S-10-7002	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Kermadine Barton		b. TELEPHONE NUMBER (No collect calls) 541-471-6746		6. SOLICITATION ISSUE DATE 02/10/2010 08:37 US/Pacific	
9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526				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)			
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		16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR LOCKETT TRUCKING, INC PO BOX 507 BLY, Oregon, 97622-0507		18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			
TELEPHONE NO. 5418916666		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
	VIPR I-BPA for R6 -2010 Water Handling Agreement						
<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 1 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 04/14/2010 . 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 /s/ GEORGE LOCKETT				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) GEORGE LOCKETT -		30c. DATE SIGNED 04/14/2010		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/14/2010	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 1	2WLPDCXHXTK940807	OR-KFC	
			Daily Rate \$1645/Day
Water Tender (Support) Type 1	145815S	OR-LFC	
			Daily Rate \$1645/Day
Water Tender (Support) Type 2	1XKWDB9X2DK313964	OR-LFC	
			Daily Rate \$1645/Day
Water Tender (Support) Type 1	1NKDLB9X73R383115	OR-KFC	
			Daily Rate \$1645/Day

Vendor Information

Company Name: LOCKETT TRUCKING, INC
DUNS: 054416230
Company Address:
PO BOX 507
BLY, Oregon, 97622-0507

Mailing Address: same as above

Primary Contact:

Name: GEORGE LOCKETT
Email: lockett_trucking@yahoo.com
Daytime Phone: 5418916666
Cell Phone: 5418916666
Evening Phone: 5418916666
Fax: 5413532254

Secondary Contact:

Name: PAMELA LOCKETT
Email: blychurchlady@yahoo.com
Daytime Phone: 5418910128
Cell Phone: 5418910128
Evening Phone: 5418910128
Fax: 5413532254

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: 09/01/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Water Tender (Support), Type 1

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 #* **YEAA706** State* **OR** (Where the license was issued)

VIN Number* **145815S** Equipment ID* **#21**

Make* **KENWORTH** Model* **C500**

Year* **Older** DOT Inspection Issue Date* **03/16/2010** Insurance Policy Expiration Date* **04/11/2011**

2. Equipment Location

City* **BLY** State* **OR** Zip Code* **97622** - **0507**

Dispatch Center* **OR-LFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **4000-4499** gallons hauled (water) All-Wheel Drive* **Yes**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1645.00**

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 1

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 #* **YEAA705** State* **OR** (Where the license was issued)

VIN Number* **2WLPDCXHXTK940807** Equipment ID* **#19**

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

Year* **1996** DOT Inspection Issue Date* **03/16/2010** Insurance Policy Expiration Date* **04/11/2011**

2. Equipment Location

City* **KLAMATH FALLS** State* **OR** Zip Code* **97603** - **0507**

Dispatch Center* **OR-KFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **4000-4499** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1645.00**

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 #* **YEAA704** State* **OR** (Where the license was issued)

VIN Number* **1XKWDB9X2DK313964** Equipment ID* **18**

Make* **KENWORTH** Model* **W900B**

Year* **Older** DOT Inspection Issue Date* **03/16/2010** Insurance Policy Expiration Date* **04/11/2011**

2. Equipment Location

City* **BLY** State* **OR** Zip Code* **97622** - **0507**

Dispatch Center* **OR-LFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3000-3499** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1645**

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 1

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