

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1FDWF37P85ED13218	WA-CWC	Daily Rate \$1550/Day

Vendor Information

Company Name: SPENCER WILDFIRE
DUNS: 833222628
Company Address:
P.O. BOX 514
WHITE SWAN, Washington, 98952

Mailing Address: same as above

Primary Contact:

Name: JESSICA SPENCER
Email: jessicas@yakama.com
Daytime Phone: 5099418135
Cell Phone: 5099418135
Evening Phone: null
Fax: null

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: 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 #* **B10142N** State* **WA** (Where the license was issued)

VIN Number* **1FDWF37P85ED13218** Equipment ID* **SW-10**

Make* **FORD** Model* **F3D**

Year* **2005** DOT Inspection Issue Date* **03/19/2010** Insurance Policy Expiration Date* **12/31/2010**

2. Equipment Location

City* **WHITE SWAN** State* **WA** Zip Code* **98952** -

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* \$ **1550.00**

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