

**ATTACHMENT #1**  
**INFORMATION REQUIRED TO COMPLETE FIRE SOURCE LIST**

**Name of Business or Individual Name:**

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**Mailing Address:**

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**TYPE OF BUSINESS**

Small:                      Large:                      Women Owned:                      Veteran Owned:                      HUBZone:                      Service Disabled Veteran Owned:

**E-Mail (Required):** \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

**SAM Registration** (*System for Award Management*):

YES                      NO

**RT-130/Annual Fireline Safety Refresher:**

YES                      NO    **This is required for EACH operator**

**Light Physical Fitness Test Completion** (*Heavy Equipment and Support Water Tender Operators*):

YES                      NO

**Telephone Numbers:**

(Daytime Hours) \_\_\_\_\_

(After Hours) \_\_\_\_\_

(Alternate Contact) \_\_\_\_\_

(Fax) \_\_\_\_\_