

ATTACHMENT #2

EQUIPMENT

(Attach a separate sheet for each piece of equipment)

Instructions: Please complete all blocks applicable to your equipment. Describe one piece of equipment per document and reproduce as necessary.

Name of Business or Individual Name: _____

Type of Equipment: _____
(Forklift, Pickup, Heater, etc.)

Make, Model and Year: _____
(Ford, F-250, 1998)

GVW and Drive wheels: _____
(3/4 ton, 4 wheel drive)

State License Number: _____
(MT 0 - A 12345)

Serial/VIN Number: _____
(1234567890)

Flywheel Horsepower: _____
(For heavy equipment)

Equipment Specification and/or Additional Equipment Information:
(Provide all information regarding the equipment and particular specification we may need to know)

RETURN TO:
Attn: Jeffrey Gardner
Region 1 Aerial Fire Depot
5765 W. Broadway
Missoula, MT 59808
Email: jbgardner@fs.fed.us