

# ODF Incident Resource Agreement - Part C - Application Checklist

## EMERGENCY MEDICAL SERVICES

Company Name: _____	RESOURCE TYPE				
	MEDL	EMT	EMP	EMTF	EMPF
<b>Check all applicable boxes below (left) indicating documents are being submitted.</b>	<b>X Indicates Requirement for Resource Type</b>				
<i>Resource Information &amp; Rate Sheet*</i>	X	X	X	X	X
W-9 Form*	X	X	X	X	X
***COI - General Commerical Liability (1,000,000 single & 2,000,000 aggregate)*	X	X	X	X	X
***COI - Automobile Insurance (1,000,000 single)*	X	X	X	X	X
***COI - Professional Liability Insurance (1,000,000 single & 2,000,000 aggregate)*	X	X	X	X	X
***Additional Insureds shall be listed as: <b>State of Oregon, Oregon Board of Forestry, Oregon Department of Forestry, Coos Protective Association, Douglas Forest Protective Association, Walker Range Forest Protective Association</b>					
COI Workers Compensation (ORS Ch. 656) or Exemption under ORS Ch. 656.027/656.850*	X	X	X	X	X
PMS 310-1/RT-130				X	X
Annual WCFT - Arduous Level				X	X
OR-OSHA Wildland Fire Safety Training (in lieu of PMS 310-1)	X	X	X		
New Generation Fire Shelter Deployment training	X	X	X	X	X
Not on Oregon Debar list*	X	X	X	X	X
Registered in OregonBuys*	X	X	X	X	X
<b>Not on VIPR Agreement*</b>	X	X	X	X	X
Not on any other ODF IRA (can't have multiple agreements with multiple Districts)*	X	X	X	X	X
OHA EMS Provider Licensure Cards, Certifications	X	X	X	X	X
Medical Director protocols*	X	X	X	X	X
NWCG S-359 MEDL training certificate	X				
NWCG PMS 311-34 MEDL Task Book	X				

Only one document/checkbox required per Resource Provider for line items with an '\*'

### FOR OFFICE USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Representative Signature	Printed Name AND Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
ODF Reviewer's Signature	Printed Name AND Title	Date