

## ODF Incident Resource Agreement - Part C - Application Checklist

Company Name: \_\_\_\_\_

	RESOURCE TYPE					
	Crew	Equipment	Faller	Vehicle & Driver	RADO	Security
<b>Check all applicable boxes below (left) indicating documents are being submitted.</b>	<b>X Indicates Requirement for Resource Type</b>					
<b>Resource Information &amp; Rate Sheet</b>	X	X	X	X	X	X
W-9 Form	X	X	X	X	X	X
***COI - General Commerical Liability (1,000,000 single & 2,000,000 aggregate)	X	X	X	X	X	X
***COI - Automobile Insurance (1,000,000 single)	X	X	X	X	X	X
***Additional Insureds shall be listed as: <a href="#">State of Oregon</a> , <a href="#">Oregon Board of Forestry</a> , <a href="#">Oregon Department of Forestry</a> , <a href="#">Coos Protective Association</a> , <a href="#">Douglas Forest Protective Association</a> , <a href="#">Walker Range Forest Protective Association</a>						
COI Workers Compensation (ORS Ch. 656) or Exemption under ORS Ch. 656.027/656.850	X	X	X	X	X	X
PMS 310-1/RT-130, OR-OSHA or ISAHV training certifications as applicable	X	X	X	X		
New Generation Fire Shelter Deployment training	X	X	X	X		
Not on Oregon Debar list	X	X	X	X	X	X
Registered in OregonBuys	X	X	X	X	X	X
Equipment Photos - For identification of and Typing standards		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	X
Migrant and Seasonal Agricultural Worker Protection Act Registration as applicable	X					
BOLI Farm/Forest Labor Contractor License as applicable	X					
District Forester / Logging industry contact info for verification of experience			X			
Annual WCFT - Arduous Level	X					
DPSST Private Security Certification						X

### 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