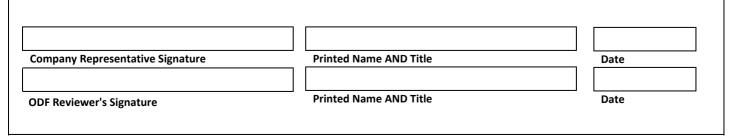
## **ODF Incident Resource Agreement - Part C - Application Checklist**

			RESOURCE TYPE					
Company Name:	Crew	Equipment	Faller	Vehicle & Driver	RADO	Security		
Check all applicable boxes below (left) indicating documents are being submitted.	X Indicates Requirement for Resource Type							
Resource Information & Rate Sheet	Х	Х	Х	Х	Х	Х		
W-9 Form	x	х	Х	Х	Х	х		
***COI - General Commerical Liability (1,000,000 single & 2,000,000 aggregate)	X	Х	Х	Х	Х	Х		
***COI - Automobile Insurance (1,000,000 single)	X	х	х	x	х	х		
***Additional Insureds shall be listed as: State of Oregon, Oregon Board of Forestry, Oregon Department of Forest Protective Association, Walker Range Forest Protective Association		Protecti	ve Associa	ation, Do	uglas For			
COI Workers Compensation (ORS Ch. 656) or Exemption under ORS Ch. 656.027/656.850	Х	Х	Х	Х	Х	Х		
PMS 310-1/RT-130, OR-OSHA or ISAHV training certifications as applicable	X	х	Х	Х				
New Generation Fire Shelter Deployment training	Х	х	Х	Х				
Not on Oregon Debar list	Х	х	Х	Х	Х	Х		
Registered in OregonBuys	X	х	Х	Х	Х	Х		
Equipment Photos - For identification of and Typing standards		х	Х	Х				
Not on VIPR Agreement		х	Х	Х	Х	Х		
Not on any other ODF IRA (can't have multiple agreements with multiple Districts)	X	х	Х	х	Х	Х		
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			Х					
Annual WCFT - Arduous Level	X							
DPSST Private Security Certification						Х		

## FOR OFFICE USE ONLY:



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