



STATE OF NEW MEXICO RMP – COOPERATOR COMMAND VEHICLES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET				
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 575-354-2231 FAX 575-354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017				
		3. EFFECTIVE DATES a. Beginning 1/1/2018		b. Ending 12/31/2019		
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		5. I-SUITE CODING EQUIPMENT AGENCY-NM				
6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT		7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
c. Telephone Number (day) 575-808-1381/ 800-687-2419		d. Telephone Number (night) 575-808-1381/ 800-687-2419		8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY		
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate	b. unit	12. SPECIAL c rate d. unit	13. GUARANTEE (8 or more hours)
A. Command Unit 1102 '08 Ford F-250 4x4 Crew Cab, VIN 1FTSW21R98EB77290 License # G71675		1	\$49.00	Day	.43 Mile	
14. SPECIAL PROVISIONS <p>Command Vehicles will be staffed by a cooperador employee assigned to the incident as a single resource (overhead). Command/Support vehicle will be reimbursed all mileage, beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s). Fuel Surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Daily Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of the work rate in box 11. For the 1st and last day payment will be based on the hours under hire, if it is less than 8 hours 1/2 of the daily rate in box 11 will be paid. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperador will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.</p>						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE	
		4/10/18			4/12/18	
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			
Nita Taylor, County Manager			Nick Smokovich Dist. Forester			

STATE OF NEW MEXICO RMP – COOPERATOR ENGINES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET					
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017					
		3. EFFECTIVE DATES				b. Ending	
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		5. I-SUITE CODING EQUIPMENT AGENCY-NM			6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY		
		<input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT					
c. Telephone Number (day) 575-808-1381/ 800-687-2419	d. Telephone Number (night) 575-808-1381/ 800-687-2419	7. WORK RATE IN BOX 11 & 12					
		<input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE					
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY							
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	c rate	d. unit	
A. Engine 111 Type 2/ 4 Interface '10 International 4500 4X4 1,000 GPM 750 Gal. Class A Foam (PTO High Pressure) VIN 1HTWEAZRXAJ277322 License # G84457		T 2-3 T 4-2	\$209.00 \$187.00	Hr.			\$1,232.00 \$1,056.00
B. Engine 114 Type 2/ 4 Interface '03 Freightliner FL80, 750 GPM 500 Gal.. 4X4 Class A Foam VIN 1FVDBXS54DM32301 License # G56918		T 2-3 T 4-2	\$209.00 \$187.00	Hr.			\$1,232.00 \$1,056.00
C. Engine 115 Type 1 or 2, CAFS '06 Freightliner M2 1250 GPM 1,000 Gal. VIN 1FVACYDJ26HW37662 License # G65249		T 1-3 T 2-3	\$220.00 \$209.00	Hr.			\$1,320.00 \$1,232.00
D. Engine 116 Type 1 '10 International Lonestar 1,000 GPM 3,000 Gal. Class A Foam VIN 2HSCXAPT8AC141849 License # G78326		2	\$220.00	Hr.			\$1,320.00
E. Attack 120 Type 6 '07 Chevrolet 4500 4X4 Class A Foam VIN 1GBE4C3907F424392 License # G69840		2	\$154.00	Hr.			\$792.00
F. Attack 121 Type 6 '04 Ford F550 4X4 Class A Foam VIN 1FDAF57P94ED21784 License # G59935		2	\$154.00	Hr.			\$792.00
G. Attack 122 Type 6 '06 GMC 5500 4X4 Class A Foam Vin 1GDE5E3246F401537 License # G69312		2	\$154.00	Hr.			\$792.00
H. Brush 140 Type 6 '09 Dodge 3500 4X4 Class A Foam VIN 3D6WH48L59G511215 License # G78499		2	\$154.00	Hr.			\$792.00
I. Brush 141 Type 6 '04 Dodge 3500 4X4 Class A Foam VIN 3B7MF33C42M255631 License # G64405		2	\$154.00	Hr.			\$792.00

J. WF-2 Quick Response Unit Type 7 '11 Polaris 6X6 70 Gal. Water 5 Gal. Foam High Pressure VIN 4XAHR76A5C4277507 License # GM1216	2	\$130.00	Hr.			\$1,040.00
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14. SPECIAL PROVISIONS

Operator(s) will be furnished by the cooperator and work rate includes personnel.

Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile.



Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste.

Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply.

Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive **all original** Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
<i>Nita Taylor</i>	4/10/18	<i>Nick Smokovich</i>	4/12/18
19. PRINT NAME AND TITLE <i>Nita Taylor, County Manager</i>		20. PRINT NAME AND TITLE <i>Nick Smokovich Dist. Forester</i>	

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0017			
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		3. EFFECTIVE DATES a. Beginning: 1/1/2018 b. Ending: 12/31/2019			
		5. I-SUITE CODING EQUIPMENT AGENCY-NM			
c. Telephone Number (day): 575-808-1381 d. Telephone Number (night): 575-808-1381		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT			
7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE		8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY			
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate	b. unit	12. SPECIAL c rate d. unit	13. GUARANTEE (8 or more hours)
A. Tender 130 Type S3 Support Tender '12 Freightliner 500GPM 2,000 Gal. VIN 1FVACYBS7DHFF1500 License # G92025	S 3-1	\$98.50	Hr.		\$656.00
B. Tender 131 Type 3 Support/ 2 Tactical '04 Freightliner M2 500 GPM 2,000 Gal. VIN 1FVACYDJ85HU21572 License # G61375	S 3-1 T 2-2	\$98.50 \$136.00	Hr.		\$656.00 \$832.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste. Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.					
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18		
19. PRINT NAME AND TITLE Nita Taylor, County Manager		20. PRINT NAME AND TITLE Nick Spokouch Dist. Forester			

STATE OF NEW MEXICO RMP – COOPERATOR ENGINES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET	
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017	
		3. EFFECTIVE DATES	
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		5. I-SUITE CODING EQUIPMENT AGENCY-NM	
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT	
c. Telephone Number (day) 575-808-1381/ 800-687-2419	d. Telephone Number (night) 575-808-1381/ 800-687-2419	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE	

8. TYPE OF COOPERATOR ("X" appropriate boxes)
 MUNICIPAL COUNTY

9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c rate	d. unit	
A. Engine 61 Type 1/ 2 CAFS '09 Freightliner M2 1500GPM 1000 Gal. VIN 1FVACYBS0ADAN8121 License # G78819	T 1-2	\$220.00	Hr.			\$1,320.00
	T 2-2	\$209.00	Hr.			\$1,232.00
B. Engine 65 Type 2/ 4 Interface '09 International 4500 4x4 1000 GPM 750 Gal. Class A foam PTO(high pressure) VIN 1HTWEAZR59J115111 License # G78173	T 2-3	\$209.00	Hr.			\$1,232.00
	T 4-2	\$187.00	Hr.			\$1,056.00
C. Engine 67 Type 2/ 4 Interface '11 Freightliner M2 Class 4x4 1250 GPM 1250 Gal. Class A foam PTO(high pressure) VIN 1FVDCYBS9BDBA7794 License # G84458	T 2-2	\$209.00	Hr.			\$1,232.00
	T 4-2	\$187.00	Hr.			\$1,056.00
D. Brush 66 Type 6 '02 Dodge 3500 4x4 Class A Foam VIN 3B7MF33C72M299607 License # G78498	2	\$154.00	Hr.			\$792.00

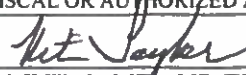

14. SPECIAL PROVISIONS
 Operator(s) will be furnished by the cooperator and work rate includes personnel.

Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile.



Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste.

Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply.



Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive **all original** Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18
19. PRINT NAME AND TITLE Nita Taylor, County Manager		20. PRINT NAME AND TITLE Nick Smokowich, Dist. Forester	

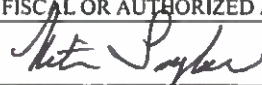

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET				
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017				
		3. EFFECTIVE DATES			b. Ending	
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		5. I-SUITE CODING EQUIPMENT AGENCY-NM				
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT				
c. Telephone Number (day) 575-808-1381	d. Telephone Number (night) 575-808-1381	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY						
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c rate	d. unit	
A. Tender 68 Type S3 Support/ 2 Tactical '14 International Work Star 500 GPM 3000 Gal. VIN 1HTWNAZT3EH483185 License # G90194	S 3-1	\$98.50	Hr.			\$656.00
	T 2-2	\$136.00				\$832.00
14. SPECIAL PROVISIONS						
Operator(s) will be furnished by the cooperator and work rate includes personnel.						
Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile.						
Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste.						
Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply.						
Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE	
		4/10/18			4/12/18	
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			
Nita Taylor, County Manager			Nick Smokovich Dist. Forester			



STATE OF NEW MEXICO RMP – COOPERATOR COMMAND VEHICLES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 575-354-2231 FAX 575-354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0017			
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		3. EFFECTIVE DATES a. Beginning: 1/1/2018 b. Ending: 12/31/2019		5. I-SUITE CODING EQUIPMENT AGENCY-NM	
c. Telephone Number (day): 575-808-1381 / 800-687-2419 d. Telephone Number (night): 575-808-1381 / 800-687-2419		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT			
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY		7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE			
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate	b. unit	12. SPECIAL c rate	d. unit
A. Command Unit 30 '09 Ford F-250 4x4 Crew Cab VIN 1FTSW21539EA45186 License # G77880	1	\$49.00	Day	.43	Mile
14. SPECIAL PROVISIONS Command Vehicles will be staffed by a cooperador employee assigned to the incident as a single resource (overhead). Command/Support vehicle will be reimbursed all mileage, beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s). Fuel Surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Daily Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of the work rate in box 11. For the 1 st and last day payment will be based on the hours under hire, if it is less than 8 hours 1/2 of the daily rate in box 11 will be paid. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperador will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.					
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18		
19. PRINT NAME AND TITLE Nita Taylor, County Manager		20. PRINT NAME AND TITLE Nick Smokovich Dist. Forester			


STATE OF NEW MEXICO RMP – COOPERATOR ENGINES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0017		
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c. Telephone Number (day) 575-808-1381/ 800-687-2419		d. Telephone Number (night) 575-808-1381/ 800-687-2419		
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9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit	12. SPECIAL c rate d. unit	13. GUARANTEE (8 or more hours)
A. Engine 32 Type 1/2 Interface '08 International 4x4 Class A Foam VIN 1HTWEAZR98J644205 License # G78172	T 1-2 T 2-2	\$220.00 \$209.00	Hr.	\$1,320.00 \$1,232.00
B. Attack 34 Type 6 '12 Dodge 4500 4x4 Class A Foam, VIN 3C7WDLFL0CG213583 License # G86004	2	\$154.00	Hr.	\$792.00
C. WF-3 Quick Response Unit Type 7 '11 Polaris 6x6 70 gal water 5 Gal. Foam VIN 4XAMR76AXC4277499 License # G1217	2	\$130.00	Hr.	\$1,040.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste. Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/6/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18	
19. PRINT NAME AND TITLE Nita Taylor County Manager		20. PRINT NAME AND TITLE Nick Smokousch Dist. Forester		



STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET			
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017		3. EFFECTIVE DATES	
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		<input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT			
c. Telephone Number (day) 575-808-1381	d. Telephone Number (night) 575-808-1381	7. WORK RATE IN BOX 11 & 12			
		<input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE			
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			a. rate	b. unit	c rate d. unit
A. Tender 31 S3 Support '03 Freightliner VIN 1FVABXAK33DM01177 License # G56067		S 3-1	\$98.50	Hr.	
					13. GUARANTEE (8 or more hours) \$656.00
14. SPECIAL PROVISIONS					
Operator(s) will be furnished by the cooperator and work rate includes personnel.					
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15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE
		4/10/18			4/12/18
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Nita Taylor, County Manager			Nick Smokovich Dist. Forester		

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0017 3. EFFECTIVE DATES a. Beginning: 1/1/2018 b. Ending: 12/31/2019		
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		5. I-SUITE CODING EQUIPMENT AGENCY-NM 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT		
c. Telephone Number (day) 575-808-1381	d. Telephone Number (night) 575-808-1381	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE		
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY				
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit	12. SPECIAL c rate d. unit	13. GUARANTEE (8 or more hours)
A. Tender 44 S3 Support/ 2 Tactical '17 Freightliner 1,250 GPM 1,500 Gal. VIN 3ALDDCY6HDJD431 License # G99956	S3-1 T2-2	\$98.50 Hr. \$136.00 Hr.		\$656.00 \$832.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste. Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE	
19. PRINT NAME AND TITLE Mita Taylor, County Manager		20. PRINT NAME AND TITLE		

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0017		
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		3. EFFECTIVE DATES a. Beginning: 1/1/2018 b. Ending: 12/31/2019		
		5. I-SUITE CODING EQUIPMENT AGENCY-NM		
c. Telephone Number (day): 575-808-1381 d. Telephone Number (night): 575-808-1381		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT		
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY		7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE		
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit	12. SPECIAL c rate d. unit	13. GUARANTEE (8 or more hours)
A. Tender 53 Type S3 Support/ 2 Tactical '07 International 4500 500 GPM 2,000 Gal. VIN 1HTMKAZR77H444168 License # G71546	S 3- 1 T 2- 2	\$98.50 \$136.00	Hr.	\$656.00 \$832.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste. Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18	
19. PRINT NAME AND TITLE Nita Taylor, County Manager		20. PRINT NAME AND TITLE Nick Smokovich, Dist. Forester		



STATE OF NEW MEXICO RMP – COOPERATOR COMMAND VEHICLES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET	
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 575-354-2231 FAX 575-354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017	
		3. EFFECTIVE DATES	
		a. Beginning 1/1/2018	b. Ending 12/31/2019
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301		5. I-SUITE CODING EQUIPMENT AGENCY-NM	
b. TIN: 85-6000228		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY	
		<input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT	
c. Telephone Number (day) 575-808-1381/ 800-687-2419	d. Telephone Number (night) 575-808-1381/ 800-687-2419	7. WORK RATE IN BOX 11 & 12	
		<input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE	



8. TYPE OF COOPERATOR ("X" appropriate boxes)
 MUNICIPAL COUNTY

9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c rate	d. unit	
A. Command Unit 101 '11 Chevy 2500 4X4 Crew Cab VIN 1GC1KVC81BF137588 License # G81892	1	\$49.00	Day	.43	Mile	
B. Command Unit 102 '15 Ford F-250 4x4 Crew Cab VIN 1FT7W2BT4FEB54805 License # G92671	1	\$49.00	Day	.43	Mile	
C. Command Unit 103 '13 Chevy Tahoe 4x4 VIN 1GNSK2E09DR203615 License # G88093	1	\$49.00	Day	.43	Mile	

14. SPECIAL PROVISIONS
 Command Vehicles will be staffed by a cooperador employee assigned to the incident as a single resource (overhead).
 Command/Support vehicle will be reimbursed all mileage, beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s).
Fuel Surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile.
Daily Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of the work rate in box 11. For the 1st and last day payment will be based on the hours under hire, if it is less than 8 hours 1/2 of the daily rate in box 11 will be paid.
Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperador will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18
19. PRINT NAME AND TITLE Anita Taylor, County Manager		20. PRINT NAME AND TITLE Nick Smolovich Dist. Forester	

STATE OF NEW MEXICO RMP – COOPERATOR ENGINES RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address) EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET 2. AGREEMENT NUMBER JPA 10-521-2300-0017		
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		3. EFFECTIVE DATES a. Beginning 1/1/2018 b. Ending 12/31/2019 5. I-SUITE CODING EQUIPMENT AGENCY-NM 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT		
c. Telephone Number (day) 575-808-1381/ 800-687-2419	d. Telephone Number (night) 575-808-1381/ 800-687-2419	7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE		
8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY				
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit	12. SPECIAL c. rate d. unit	13. GUARANTEE (8 or more hours)
A. WF-1 Quick Response Unit Type 7 '11 Polaris 6x6 70 Gal. 5 Gal. Foam VIN 4XAHR76AOB4209503 License # GM1170	T 7-2	\$130.00 Hr.		\$1,040.00
14. SPECIAL PROVISIONS Operator(s) will be furnished by the cooperator and work rate includes personnel. Fuel surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste. Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1 st and last day payment will be based on actual hours worked and travel, the guarantee will not apply. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.				
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 	16. DATE 4/10/18	17. FORESTRY DIVISION AUTHORIZED SIGNATURE 	18. DATE 4/12/18	
19. PRINT NAME AND TITLE Nita Taylor, County Manager		20. PRINT NAME AND TITLE Nick Smokovich Dist. Forester		

STATE OF NEW MEXICO RMP – COOPERATOR FUEL TENDER RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET				
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		2. AGREEMENT NUMBER		JPA 10-521-2300-0017		
		3. EFFECTIVE DATES		a. Beginning	b. Ending	
4. COOPERATOR (name and address)		5. I-SUITE CODING				
County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		EQUIPMENT AGENCY-NM				
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY				
c. Telephone Number (day)		d. Telephone Number (night)		7. WORK RATE IN BOX 11 & 12		
575-808-1381/ 800-687-2419		575-808-1381/ 800-687-2419		<input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE		
8. TYPE OF COOPERATOR ("X" appropriate boxes)						
<input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY						
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY	12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	c rate	d. unit
A. FUEL TRUCK '12 Dodge 3500 4X4 150 Gal. Diesel 60 Gal. Unleaded VIN 3C7WDTCLOG249858 License # G87553		1	\$525.00	Per 12 Hour Operational Shift	\$45.00 Per hour	Additional Rate Per Hr. After 12 Hour Shift
14. SPECIAL PROVISIONS						
Operator(s) will be furnished by the cooperator and work rate includes personnel.. Fuel Surcharge beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), if the daily total exceeds 50 miles then miles exceeding 50 will be compensated at a rate of .43 a mile. Daily Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of the work rate in box 11. For the 1 st and last day payment will be based on the hours under hire, if it is less than 8 hours ½ of the daily rate in box 11 will be paid. Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment and Fuel and Oil Issues for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) with fuel and oil issue additions posted and copies of Pre-Use and Release Inspections. Dispensed fuel on Incident will be reimbursed at cost of fuel.						
15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE		18. DATE	
<i>Nita Taylor</i>		4/10/18	<i>Nick Snodovich</i>		4/12/18	
19. PRINT NAME AND TITLE			20. PRINT NAME AND TITLE			
Nita Taylor, County Manager			Nick Snodovich Dist. Forester			

STATE OF NEW MEXICO RMP - COOPERATOR SUPPORT EQUIPMENT RATE SHEET

1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET				
EMNRD-FORESTRY DIVISION CAPITAN DISTRICT PO Box 277 Capitan NM 88316 PHONE 354-2231 FAX 354-3052		2. AGREEMENT NUMBER JPA 10-521-2300-0017				
		3. EFFECTIVE DATES a. Beginning 1/1/2018		b. Ending 12/31/2019		
4. COOPERATOR (name and address) County of Lincoln PO Box 711 Carrizozo, NM 88301 b. TIN: 85-6000228		5. I-SUITE CODING EQUIPMENT AGENCY-NM				
6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> COOPERATOR <input type="checkbox"/> GOVERNMENT		7. WORK RATE IN BOX 11 & 12 <input checked="" type="checkbox"/> STAFFED RATE <input type="checkbox"/> UNSTAFFED RATE				
c. Telephone Number (day) 575-808-1381/ 800-687-2419	d. Telephone Number (night) 575-808-1381/ 800-687-2419	8. TYPE OF COOPERATOR ("X" appropriate boxes) <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> COUNTY				
9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	c rate	d. unit	
A. Argo 1 8X8 Amphibious Vehicle '09 Argo Avenger 8x8 VIN 2DGLSOBBXANH29085 License # GM1097	1	\$65.00	Hr.			\$520.00
B. VHF Portable Repeater(s) VHF NIFOG Bendix King Digital Radios in weather proof box with antenna mast QTY 3	1	\$250.00	Daily		Per Unit	
C. Mobile Command Unit Type 2/ 3 Mobile Communications / Command Unit, '06 LDV 32' self contained. VHF, UHF, Ham Radio, Aircraft Radio ACU1000 VIN 4VZAARBW66CW99015 License # G67005	1	\$1000.00	Daily	.43	Per Mile	
D. PEZ Command Trailer Kodiak 24 ft. Interagency Mobil Trailer Serial # S1750075 License # G67957 3kw Honda Generator W/ PEZ Trailer Handi Inverter EU 3,000i Serial # EAVJ-1023412	1	\$125.00	Daily			

14. SPECIAL PROVISIONS

Operator(s) will be furnished by the cooperator and work rate includes personnel.
Repeaters will be delivered by cooperator's COML.



Daily Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of the work rate in box 11. For the 1st and last day payment will be based on the hours under hire, if it is less than 8 hours 1/2 of the daily rate in box 11 will be paid.

Hourly Rate Guarantee For each calendar day that equipment is under hire payment will be made for a minimum guarantee of at least 8 hrs. For the 1st and last day payment will be based on actual hours worked and travel, the guarantee will not apply.



Command/Support for transportation vehicle will be reimbursed mileage, beginning and ending mileage will be documented daily on the Emergency Equipment Shift Ticket(s), to be billed at the Command RMP Rate after 50 miles.

Foam Replacement – If used on the incident foam will either be replaced at the incident or an S number will be issued. Replacement should be of the same type/brand used by the cooperator to minimize waste.

Finance Section will collect and post Emergency Equipment Shift Ticket(s) for equipment for each operational period. Upon checkout/demobilization cooperator will receive all original Emergency Equipment Shift Ticket(s), OF-286 Emergency Equipment Use Invoice(s) and copies of Pre-Use and Release Vehicle Inspections.

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE	16. DATE	17. FORESTRY DIVISION AUTHORIZED SIGNATURE	18. DATE
	4/10/18		4/12/18
19. PRINT NAME AND TITLE Nita Taylor, County Manager	20. PRINT NAME AND TITLE Nick Snokovich Dist. Forester		

STATE OF NEW MEXICO RMP – COOPERATOR WATER TENDER RATE SHEET

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		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)</th> <th style="width: 15%;">10. NUMBER OF OPERATORS</th> <th style="width: 15%;">11. WORK OR DAILY a. rate</th> <th style="width: 15%;">b. unit</th> <th style="width: 15%;">12. SPECIAL c rate</th> <th style="width: 10%;">d. unit</th> <th style="width: 10%;">13. GUARANTEE (8 or more hours)</th> </tr> </thead> <tbody> <tr> <td>A. Tender 71 S3 Support / 2 Tactical '09 Freightliner Class A Foam 1,000 GPM 2,000 Gal. VIN 1FVACYBS2ADAM7539 License # G77336</td> <td style="text-align: center;">S 3- 1</td> <td style="text-align: center;">\$98.50</td> <td style="text-align: center;">Hr.</td> <td></td> <td></td> <td style="text-align: center;">\$656.00</td> </tr> <tr> <td></td> <td style="text-align: center;">T 2- 2</td> <td style="text-align: center;">\$136.00</td> <td></td> <td></td> <td></td> <td style="text-align: center;">\$832.00</td> </tr> </tbody> </table>			9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate	b. unit	12. SPECIAL c rate	d. unit	13. GUARANTEE (8 or more hours)	A. Tender 71 S3 Support / 2 Tactical '09 Freightliner Class A Foam 1,000 GPM 2,000 Gal. VIN 1FVACYBS2ADAM7539 License # G77336	S 3- 1	\$98.50	Hr.			\$656.00		T 2- 2	\$136.00		
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