STATE OF WASHINGTON
DEPARTMENT OF NATURAL RESOURCES

FIRE SUPPRESSION RESPONSES AVAILABILITY AGREEMENT

CHECKLIST PRIOR TO SUBMITTING AGREEMENT PACKET

☐ Send in the Preseason Agreement in its entirety; include all the pages from 1 to 18. (Be sure to include the pages with the Period of Performance and all the Terms and Conditions through 29.01 CONFORMANCE).

☐ Page 1: Complete B; the Contractor Information, City, State, Zip, Physical Location of Equipment, Point of Hire & County, etc. Include all Primary and Alternate Contractor Contact Information.

☐ Page 2: Complete C 1. & 2., Indicate Yes or No for RT-130 Operator Safety Training and who the Training is/was administered by. Annually upon completion of the course please send in a copy of the RT-130 certificate to: DNRDLDispatchNRB@dnr.wa.gov

☐ Page 2: C.3 Contractor is required to have the 3 Insurance types indicated, Commercial General Liability, Business Auto Policy and Employer’s Liability (Stop Gap) Insurance. Put an X in all 3 indicating all the certificates are attached when sending in the agreement.

☐ Page 2: C. 4. Initial you have read that the COVID-19 Contractor Vaccination Certification is Required.

☐ Page 2: D. Initials are needed for:

Do NOT include the following:

ANY equipment under a USFS VIPR Agreement INITIALS
ANY equipment NOT listed in the Washington State Wage and Equipment Guide INITIALS
(Only add Equipment LISTED in the Wage & Equipment Rate Guide to this agreement).

☐ Beginning on Page 2. Add your resources that are listed in the Wage & Equipment Rate Guide. For Heavy Equipment ensure essential fields are completed, especially Make/Model, GVW and Flywheel Horsepower are included, if applicable. For Water Tenders, be sure to include the number of gallons.

☐ Page 6 & 7. E. Complete all fields, Contractor’s signature, Print Name, Date, Check and Initial all boxes where indicated.

☐ Page 7: Write in Contractor Authorized Representative, Title, sign and date.
Page 7 or 8: Proclamation 21-14.2 Covid-19 Contractor Vaccination Declaration, indicate if you do have or do not have a Covid-19 Verification Plan, ensure one of the boxes is checked.

Page 8: Complete this block. Print Full Legal Entity Name of Contracted Firm, Sign where signature of Authorized Representative, Date, Print Name of Person Making Certification for Firm, Title of Person Signing Certificate, Print County and State Where Signed.

Page 13 and 14: Section 13.01 Read Required Insurance and amounts: CGL, BAP, Stop Gap, Industrial Insurance (Workers Compensation)

Return entire, signed agreement packet with copies of insurance to:

State of Washington
Department of Natural Resources
Wildland Fire Management Division
Attention: Wildfire Preparedness Coordinator
PO Box 47037
Olympia, WA 98504-4737

Or email to the Agreement Application and Insurance Documents to DNRDLDiscalchNRB@dnr.wa.gov

After review of the completed Agreement Application, a completed signed agreement will be returned to you.