



## Arizona Department of Forestry and Fire Management Cooperator Equipment Rate Negotiation Form



1. COOPERATOR NAME AND ADDRESS				2. CFRA NUMBER		
				3. IGA REFERENCE NUMBER		
4. AGREEMENT VALID FROM			TO			
5. APPROVING STATE OFFICE				6. SUPPLIES FURNISHED BY		
				<input type="checkbox"/> WET	<input type="checkbox"/> DRY	
				7. OPERATOR FURNISHED BY		
				<input type="checkbox"/> COOPERATOR	<input type="checkbox"/> STATE	
8. FIRE CHIEF			9. PHONE NUMBER			
11. FIRE CHIEF'S EMAIL						
12. DFFM IBA			13. PHONE NUMBER			
15. DFFM IBA EMAIL						
16. DISTRICT MANAGER			17. PHONE NUMBER			
19. DISTRICT MANAGER						
EQUIPMENT DESCRIPTION		STAFFING	LICENSE PLATE	RADIO ID	VIN	RATE
RATIONALE						
COOPERATOR'S SIGNATURE		COOPERATOR'S NAME AND TITLE			DATE	
DFFM INCIDENT BUSINESS ADVISOR'S SIGNATURE		DFFM INCIDENT BUSINESS ADVISOR'S NAME AND TITLE			DATE	
DFFM DISTRICT MANAGER'S SIGNATURE		DFFM DISTRICT MANAGER'S NAME AND TITLE			DATE	

RESOURCES ASSIGNED UNDER THIS AGREEMENT REMAIN EMPLOYEES OR PROPERTY OF THE COOPERATOR AND ARE SUBJECT TO COOPERATORS SUPERVISION AND CONTROL AND ARE COVERED BY THE COOPERATOR'S WORKERS COMPENSATION AND INSURANCE.