<u>CHIEF'S CERTIFICATION FOR LOCAL GOVERNMENT FIRE FORCES</u> <u>EQUIPMENT AND OPERATORS</u>

A: The equipment listed herein meets all the minimum legal requirements for use and operation of the equipment type identified.

EQUIPMENT TYPE	ENGINE/TRUCK NO.	LICENSE NO.	SERIAL NO.

B: The individuals listed on the attached roster (see attachment) meet all the legal qualification requirements for the position(s) listed, in accordance with Northern Rockies Coordinating Group (NRCG) Mobilization of Local Government Firefighting Resources, and operators possess either a commercial driver's license (CDL) **or** have the knowledge, skills and abilities to operate the type and class of equipment listed above, as referenced in the NRCG Mobilization of Local Government Firefighting Resources. All personnel shall be rostered members of a fire department in which the signing chief can attest to their qualifications.

If equipment is to be hired, a copy of the DNRC Incident Rental Agreement (IRA), along with this certification, shall be provided to the Finance/Administration Section Chief or his or her designated representative immediately upon arrival at an incident.

Failure to provide the equipment type as described above, shall result in a down grade of typing and a reduction in rate to the type level the equipment meets as set forth in the NRCG Mobilization of Local Government Firefighting Resources. Failure of the equipment described above to meet a typing configuration, or to provide the personnel described above, shall be considered a withdrawal of the equipment. Withdrawal shall be handled as set forth in the General Clauses to the Incident Rental Agreement (IRA), Clause 7(b).

I certify that the above listed equipment meets the minimum resource typing standards under the NRCG Mobilization of Local Government Firefighting Resources, that personnel listed meet the requirements of National Incident Management System: Wildland Fire Qualification System Guide PMS 310-1 or have the knowledge, skills, and ability requirements to perform the position(s) listed, and that operators possess a commercial driver's license (CDL) **or** have the knowledge, skills and abilities to operate the type and class of equipment listed above, as referenced in the NRCG Mobilization of Local Government Firefighting Resources. I also certify that all personnel are rostered members of a department. I also agree that the hiring entity may inspect the listed equipment and the appropriate training records. I hereby certify that I am authorized to sign this Chief's Certification for Local Government Fire Forces Equipment and Operators.

Witness Signature:	Fire Chief Signature:
Name and Title (Printed):	Fire Chief Name (Printed):
Address:	LGFF Name: Address:
Phone No.:	Phone No.: FDID No.:
Date:	Date:

NOTE: This is not valid unless attached to DNRC Chief's Certification for LGFF Form and is applicable for the following positions only: ENOP, ENGB, FFT1, FFT2 and WTOP.

The following individuals listed meet all of the legal qualification requirements for the position(s) listed, in accordance with Northern Rockies Coordinating Group (NRCG) Mobilization of Local Government Firefighting Resources, and operators possess either a commercial driver's license (CDL) **or** have the knowledge, skills and abilities to operate the type and class of equipment listed above, as referenced in the NRCG Mobilization of Local Government Firefighting Resources. All personnel shall be rostered members of a fire department in which the signing chief can attest to their qualifications.

Rostered P (Last Name/F	Equipment Qualified to Operate	Fireline Qualifications

I certify that I have examined the identity and employment authorization documents presented by the above-named rostered personnel. The presented documents appear to be genuine and to relate to the personnel named, and to the best of my knowledge the personnel are authorized to work in the United States.

Witness Signature:	Fire Chief Signature:
Name and Title (Printed):	Fire Chief Name (Printed):
Address:	LGFF Name: Address:
Phone No.:	Phone No.: FDID No.:
Date:	Date: