

EMERGENCY EQUIPMENT RENTAL AGREEMENT

Page ___ of ___

1. PROCUREMENT AGENCY a. name and address: b. Phone Number: c. FAX Number:		2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement): 3. EFFECTIVE DATES OF AGREEMENT: a. beginning _____ b. ending 03/01/2012 c. Specific Incident only: Incident Name: Incident Number:		
4. CONTRACTOR a. name and address: b. EIN/SSN: _____ c. DUNS: _____ d. EMAIL Address: e. Telephone Number (day): _____ Telephone Number (night): _____ Cell Phone Number: _____ FAX: _____		5. POINT OF HIRE (location when hired if different than Block 4):	6. ORDERING DISPATCH CENTER	
7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) * (see note below)				
8. OPERATOR FURNISHED BY: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. Contractor Authorized Commissary: <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. BUSINESS SIZE OF CONTRACTOR: a. <input type="checkbox"/> Small b. <input type="checkbox"/> Other c. <input type="checkbox"/> Women-Owned d. <input type="checkbox"/> Small Disadvantaged e. <input type="checkbox"/> HUB Zone f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring)				
11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	12. NO. OF OPERATORS PER SHIFT	13. HR/ DAILY/MILEAGE/ SHIFT BASIS (ss/ds: ref. Cl. 6) Rate Unit	14. SPECIAL	15. GUARANTEE (8 HOURS)
a)				
b)				
c)				
d)				
e)				
f)				
16. SPECIAL PROVISIONS: Your signature constitutes acknowledgement of and agreement to abide by the terms and conditions of hire incorporated herein with the State of Alaska.				
* The State of Alaska hires equipment at a DRY Rate with the State providing the fuel only.				
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. DATE	20. CONTRACTING OFFICER'S SIGNATURE a. Warrant No.	21. DATE	
19. PRINT NAME AND TITLE	18. DATE	22. a. PRINT NAME AND TITLE b. Phone Number: _____ c. FAX: _____		