

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE	PAGE OF PAGES <b>1</b>
2. AMENDMENT/MODIFICATION NO. <b>Amendment No. 2</b>	3. EFFECTIVE DATE <b>05/21/2008</b>	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY <b>USDA FOREST SERVICE FIRE PROCUREMENT SPECIALIST 2164 NE SPALDING AVENUE GRANTS PASS, OR. 97526</b>	CODE	7. ADMINISTERED BY (If other than Item 6)		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code)			<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. <b>AG-04H1-S-8-9004</b>
			<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11) <b>03/20/2008</b>
			<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.
			<input type="checkbox"/>	10B. DATED (SEE ITEM 13)
CODE	FACILITY CODE			

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers  is extended,  is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning **1** copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;

or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS,  
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

<input checked="" type="checkbox"/>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

**E. IMPORTANT:** Contractor  is not,  is required to sign this document and return **1** copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.

**This amendment is to acknowledge that a decision has been made not to change the original solicitation. Based on clarification, there are no changes to to the Type 2 Class "C" Certified Faller.**

**Qualifications must be meet in Exhibit J of the original solicitation to be considered for a Type 2 Class "C" Faller.**

**The Closing Date of this Solicitation has been changed to May 30, 2008, at 4:30 pm.**

**Attached is the Scheduled of Items, D.3.1 Training/Experience and Exhibit J :**

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED <b>5/21/2008</b>



**Type 1 Professional Faller Module: \_\_\_\_\_ modules available**

*(Identify each faller module with a unique resource number/name for identification purposes).*

<b>Equipment ID (Resource Number/Name)</b>	<b>City/State</b> <i>(Identify the dispatch location (city/state) for each if different than the offeror's address)</i>

**Type 2 Class C Faller Module: \_\_\_\_\_ modules available**

*(Identify each faller module with a unique resource number/name for identification purposes).*

<b>Equipment ID (Resource Number/Name)</b>	<b>City/State</b> <i>(Identify the dispatch location (city/state) for each if different than the offeror's address)</i>

1.  I certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1
2.  I certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a legal exemption.
3. I am  am not  registered in the Contractor Central Registration (CCR) system.
4. I have  have not  completed my representations and certifications on-line (Ref. E.3)

### D.3.1 Training/Experience

Each person under this Agreement shall meet the following minimum requirements:

1. Type 1 - 3 years experience in the commercial logging industry as a timber faller (year of experience equal to 1,000 hours within a calendar year).
2. Type 2 - Class "C" certified faller meeting the qualifications specified in FSH 5109.17 (See Exhibit J)
3. Type 1 & 2 - RT-130 Annual Fireline Refresher including fire shelter.

The government reserves the right to verify training and experience at any time for all fallers.

## **EXHIBIT J – FALLER CLASS C QUALIFICATIONS**

### **FSH 5109.17 - FIRE AND AVIATION MANAGEMENT QUALIFICATIONS HANDBOOK CHAPTER 20 - QUALIFICATIONS AND CERTIFICATION**

#### **27.2 - Exhibit 01**

#### **Technical Specialist Position Qualifications**

#### **FALLER CLASS C (FALC)**

##### **REQUIRED TRAINING (Not Required for Contractor personnel)**

IS-700 National Incident Management System (NIMS), An Introduction

##### **REQUIRED CERTIFICATION**

Geographic Area chainsaw certification as a Faller Class C  
Tri-ennial Geo area chainsaw recertification

##### **REQUIRED EXPERIENCE**

Satisfactory performance as a Firefighter Type 2 (FFT2)

##### **PHYSICAL FITNESS LEVEL**

Arduous

##### **OTHER POSITION ASSIGNMENTS THAT WILL MAINTAIN CURRENCY**

None

##### **OTHER TRAINING WHICH SUPPORTS DEVELOPMENT OF KNOWLEDGE AND SKILLS**

None

The current sawyer certification system outlined in FSH 6709.11, (sec. 22.48, b, 4(a-d)), is used as the certification process for the Forest Service.