

# APPLICATION FOR EMERGENCY EQUIPMENT RENTAL AGREEMENT

## Region 5 – Sierra Cascade Province

Contractor Name and Mailing Address:

Contractor Payment Address (if different)

Daytime Telephone Number: 3 numbers only

Night Telephone Number: 3 numbers only

Federal Tax ID Number or Social Security Number:	
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Contractor Identification (CIN) / DUNS Number:	
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Type of Contractor (check all appropriate boxes)	
<input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> HUBzone Certified <input type="checkbox"/> Woman Owned <input type="checkbox"/> Large Business	<input type="checkbox"/> Service-Disabled Veteran Owned Small Business <input type="checkbox"/> Other Veteran Owned Small Business <input type="checkbox"/> Government Employee <input type="checkbox"/> Nonprofit Organization

Item Description
<i>(Include make, model, year, serial number and license number along with description of any accessories)</i>
1.
2.
3.
4.

*Add additional pages if necessary.*  
 Please give FAX or email address for administrative use to contact you in case we have questions.

**Return to: Lassen National Forest, Attn: Charlotte Carter, 2550 Riverside Dr., Susanville, CA 96130**

NOTE: Your equipment must pass a safety inspection prior to assignment to an incident. If your vehicle does not pass the pre-use inspection no payment will be made for travel to/from an incident.