

**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

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 _____  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)		
		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. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. CI.6) Rate                      Unit	14. SPECIAL	15. GUARANTEE (8 HOURS)
16. SPECIAL PROVISIONS				
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: _____		