



EQUIPMENT SERVICE REQUEST WILDFIRE MANAGEMENT BRANCH

Section A	COMPLETED BY Ministry Representative
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FAX TO: CORPORATE WILDFIRE SERVICES AT 250-565-6672 OR EMAIL TO CWSPRINCEGEORGE@gov.bc.ca

Hire Date: _____ Task Force Licensee: _____

Requested by: _____ Employee #: _____ Zone: _____
Ministry Representative

Full Legal Company Name: _____

Contact Name: _____

Phone #: _____ Alt. Phone #: _____ Fax #: _____

Equipment hired: Unit # _____

- | | | | | |
|------------------------------------|---|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> Excavator | <input type="checkbox"/> Forestry Excavator | <input type="checkbox"/> Feller Buncher | <input type="checkbox"/> Crawler | <input type="checkbox"/> Lowbed |
| <input type="checkbox"/> Skidder | <input type="checkbox"/> Water Tender | <input type="checkbox"/> Pick-up Truck | <input type="checkbox"/> ATV | |

Section B	COMPLETED BY Hired Company
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FAX TO: CORPORATE WILDFIRE SERVICES AT 250-565-6672 OR EMAIL TO CWSPRINCEGEORGE@gov.bc.ca

Mailing Address: _____ City/Prov: _____

Postal Code: _____ Email: _____ WCB #: _____

Equipment Details: Make: _____ Model: _____ Year: _____
 Size/Capacity: _____

Excavator Attachments: _____ **Bucket/Clam Shell/Grapple Size:** _____

Crawler Attachments: _____

Skidder Types: _____ **Chains:** Yes No **Size:** _____

Custom Tank: Yes No **Capacity:** _____ **Pump:** Yes No

Water Tender Attachments: _____ **Tank capacity:** _____

Pump size: _____ **Extra Hose:** _____

Vehicle: 4x2 4x4 **GVW:** _____

Pilot Vehicle: Yes No

Section C	COMPLETED BY Corporate Wildfire Services AND fax/email to company and zone office for their records		
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Equipment Rate Calculation	File Number: 1070-20/EQ-	Pg #	Rates
		LO Rate	
		AF Rate	
		Lim DIm	
		New AF Rate	
		POH Standby	
Calculations Completed By :		OS Standby	
Employee Number:	Daily Bare Tank Rental Rate (Standby is paid at ½ this rate)		
Modification Number:	Daily Bare Rental Pump Rate (Standby is paid at ½ this rate)		