## CHIEF'S CERTIFICATION FOR LOCAL GOVERNMENT FIRE FORCES EQUIPMENT AND OPERATORS

EQUIPMENT TYPE	ENGINE/TRUCK NO.	LICENSE NO.	SERIAL NO.
	1		
	+		
	+		
	+		
	+		
Interagency Incident Business Managenthe knowledge, skills and abilities to ope Chapter 50, NRCG Supplement. All pers to their qualifications.  If equipment is to be hired, a copy of the the Finance/Administration Section Chi Failure to provide the equipment type a level the equipment meets as set forth in above to meet a typing configuration, or equipment. Withdrawal shall be handle I certify that the above listed equipment Supplement, that personnel listed meet System Guide PMS 310-1 or have the kn operators possess a commercial driver's equipment listed above, as referenced in rostered members of a department. I al training records. I hereby certify that I a Equipment and Operators.	erate the type and class of equonnel shall be rostered members. DNRC Incident Rental Agrees of or his or her designated reposed above, shall result in the NWCG SIIBM, Chapter 50 to provide the personnel designated as set forth in the General Country the requirements of National owledge, skills, and ability regardless license (CDL) or have the king the NWCG SIIBM, Chapter 50 so agree that the hiring entity	ment (IRA), along with this ce presentative immediately upout in a down grade of typing an O, NRCG Supplement. Failure cribed above, shall be considerable to the Incident Rental A et typing standards under NWO Incident Management System quirements to perform the provided p	enced in the NWCG SIIBM, nich the signing chief can attest rtification, shall be provided to n arrival at an incident.  Id a reduction in rate to the typo of the equipment described ered a withdrawal of the Agreement (IRA), Clause 7(b).  CG SIIBM, Chapter 50, NRCG in: Wildland Fire Qualification esition(s) listed, and that to operate the type and class of rtify that all personnel are ment and the appropriate
Witness Signature:		Fire Chief Signature:	
Name and Title (Printed):		Fire Chief Name (Printed):	
Address:		LGFF Name:	
		Address:	

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Phone No.:

Date:

Phone No.:

FDID No.:

Date:

## NOTE: This is not valid unless attached to DNRC Chief's Certification for LGFF Form and is applicable for the following positions only: ENOP, ENGB, FFT1, FFT2 and WTOP.

The following individuals listed meet all of the legal qualification requirements for the position(s) listed, in accordance with Northern Rockies Coordinating Group (NRCG) Supplements of the NWCG Standards for Interagency Incident Business Management (SIIBM), and operators possess either a commercial driver's license (CDL) **or** have the knowledge, skills and abilities to operate the type and class of equipment listed above, as referenced in the NWCG SIIBM, Chapter 50, NRCG Supplement. All personnel shall be rostered members of a fire department in which the signing chief can attest to their qualifications.

Rostered Personnel (Last Name/First Name)	Equipment Qualified to Operate	Fireline Qualifications
certify that I have examined the identity and employmostered personnel. The presented documents appear to est of my knowledge the personnel are authorized to w	o be genuine and to relate to th	
Witness Signature:	Fire Chief Signature:	
Name and Title (Printed):	Fire Chief Name (Printed	1):
Address:	LGFF Name:	
Add ess.	Address:	
	Dhana Na	
Phone No.:	Phone No.: FDID No.:	

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