

## Vehicle with Driver

### Schedule of Items

|               |                           |            |          |
|---------------|---------------------------|------------|----------|
| <b>Item 1</b> | <b>Vehicle w/Operator</b> | Daily Rate | \$ _____ |
| <b>Item 2</b> | <b>Mileage</b>            | Per Mile   | \$ _____ |

### Equipment Description

|                      |   |   |  |              |
|----------------------|---|---|--|--------------|
| <b>License #:</b>    |   | <b>State (Where the license was issued)</b> |  |              |
| <b>VIN Number:</b>   |   | <b>Insurance Expiration Date</b>            |  |              |
| <b>Make:</b>         |   | <b>Model:</b>                               |  | <b>Year:</b> |
| <b>Vehicle Type:</b> | <input type="checkbox"/> Automobile <input type="checkbox"/> Pickup 4X4 <input type="checkbox"/> Pickup 4X2 <input type="checkbox"/> Sport Utility Vehicle<br><input type="checkbox"/> Truck, Flatbed <input type="checkbox"/> Truck, Stakeside <input type="checkbox"/> Van, Passenger |   |  |              |

#### D.2 EQUIPMENT REQUIREMENTS

Equipment shall meet all standards established by specification or incorporated by reference and shall be maintained in good repair by the Contractor.

##### D.2.1 Contractor Provided Equipment

- Vehicles shall be equipped with a spare tire, wheel wrench, jack, and fire extinguisher (2A 10BC).
- Adequate insurance for a commercial operation.

#### D.3 PERSONNEL REQUIREMENTS

- One operator shall be provided, and must maintain a valid state drivers license.
- All operators are required to have RT-130 Annual Fire Refresher including fire shelter.\*
- All operators are required to complete the Statement of Physical Ability for Light Duty Work, SF-177. [NOTE: This form is no longer available, a replacement form is currently being sought. The Physical Fitness Inquiry for Motor Vehicle Operators, OF-345, may be that form. The correct form will be identified prior to finalizing the templates.]
- All Contractor personnel shall comply with Exhibit F, Safety Standards.

\*Nomex PPE will be provided by the Government in accordance with D.7.1.3.

##### a. Payment.

- Daily Rate** - Payment will be made on basis of calendar days (0001 – 2400). For fractional days at the beginning and ending of time under hire, payment will be based on 50 percent of the Daily Rate for periods less than 8 hours.
  - 1) Payment of the daily rate for travel to and from the incident and between incidents will be calculated as follows: Travel miles from point of hire / 45 mph (ref. D.6.5.2) / 11 hours X daily rate.
- Mileage** – Shall apply when equipment is under hire as ordered by the Government.