

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. Procurement agency: a. name & address

b. Phone # _____
c. Fax # _____

2. Agreement # (must appear on all documents relating to this agreement): _____

3. Effective dates of agreement
a. beginning _____
b. ending _____
c. () end of incident

5. Incident name _____
Incident # _____

4. Contractor: a. name & address

b. DUNS # _____
c. email address _____
d. Phone # (day: _____
 Phone # (night) _____
 Cell phone # _____
 Fax # _____

6. Point of hire (location when hired if different than block 4):

7. Ordering dispatch center _____

8. The work rate is based on all operating supplies being furnished by:
 ___ Contractor (wet) ___ Government (dry)

9. Operator furnished by: ___ Contractor ___ Government

10. Item/resource description (include VIN, make, model, year, serial #, accessories or other identifying features):

11. # of operators per shift	12. Hourly/daily/mileage/shift basis (single/double)	13. Special		14. Guarantee
	Rate	Rate	Unit	

15. Special provisions:
a) General clauses to the EERA OF-294 are attached hereto and incorporated herein by reference.

16. Contractor's or authorized agent's signature

17. Date

18. Print name and title

19. Contracting officer's signature

20. Date

21. Print name and title

Phone # _____