

District Forester CRRF Approval Checklist

Page 1

Block 1 – no change

Block 2 – county and dispatch center entered

Block 3 – both beginning and end dates entered

Block 4 – correct unit ID entered; full dept name, mailing address, phone numbers

Block 5 – no change

Block 6 – no change

Block 7 – any special provisions added must not be contrary to other CSFS guidelines and direction

Block 8 – no change

Must have cooperator signature, name, title and date

Page 2

No changes

Total page number completed

Page 3

Total page number completed

Be sure cooperator name and unit ID is filled in

Block 9 – each item must be described in detail as noted

Block 10 and 11 – kind and type should be filled in

Block 12 – work rates should be as shown in standard rates. No mileage reimbursement rates are allowed for any equipment.

Department representative's initials are on each page and appropriate CSFS representative has signed each page.

Original CRRF copy with all appropriate signatures should be sent to the State Office, Fire Division.