

ODF Incident Resource Agreement - Part C - Application Checklist

MOBILE FOOD SERVICES

		RESOURCE TYPE
Company Name: _____		MOBILE FOOD SERVICES
Check all applicable boxes below (left) indicating documents are being submitted.		X Indicates Requirement
<input type="checkbox"/>	<i>Resource Information & Rate Sheet</i>	X
<input type="checkbox"/>	W-9 Form	X
<input type="checkbox"/>	***COI - General Commerical Liability (1,000,000 single & 2,000,000 aggregate)	X
<input type="checkbox"/>	***COI - Automobile Insurance (1,000,000 single)	X
***Additional Insureds shall be listed as: State of Oregon , Oregon Board of Forestry , Oregon Department of Forestry , Coos Protective Association , Douglas Forest Protective Association , Walker Range Forest Protective Association		
<input type="checkbox"/>	COI Workers Compensation (ORS Ch. 656) or Exemption under ORS Ch. 656.027/656.850	X
<input type="checkbox"/>	Food Manager / Fod Handler Certificates approved in Oregon	X
<input type="checkbox"/>	Health Authority Inspection Report for Mobile Food Services Unit / Caterers	X
<input type="checkbox"/>	Not on Oregon Debar list	X
<input type="checkbox"/>	Registered in OregonBuys	X
<input type="checkbox"/>	Photos of the kitchen / catering unit(s) being offered	X
<input type="checkbox"/>	Not on VIPR Agreement	X
<input type="checkbox"/>	Not on any other ODF IRA (can't have multiple agreements with multiple Districts)	X

FOR OFFICE USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Representative Signature	Printed Name AND Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
ODF Reviewer's Signature	Printed Name AND Title	Date