

CITY COUNCIL

The City of Orange Township, New Jersey

DATE June 5, 2024

NUMBER 307-2024

TITLE: RESOLUTION AWARDING A CONTRACT TO FIREFIGHTER ONE LLC, 34 WILSON DRIVE, SPARTA, NEW JERSEY 07871 FOR FIRE APPARATUS MAINTENANCE AND REPAIR SERVICES IN AN AMOUNT NOT TO EXCEED \$65,000.00 FOR THE PERIOD STARTING JULY 1, 2024 THROUGH JUNE 30, 2025

WHEREAS, the City of Orange Township did duly advertise on April 26, 2024 for public bids for the Fire Apparatus Maintenance & Repairs; and

WHEREAS, on May 15, 2024, the City of Orange Township received one (1) public bid pursuant to the specifications furnished to prospective bidders from the following:

Firefighter One, LLC
34 Wilson Drive
Sparta, NJ 07871

WHEREAS, after careful examination of the bids, it was determined that Firefighter One LLC bid complied with the Local Public Contract Law; and

WHEREAS, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, a copy of which is attached hereto certifying that funds will be available for this purpose in Account No. 4-01-25-265-000-509, contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2024 Budget, there will be sufficient funds to contract with Firefighter One, LLC.

NOW, THEREFORE, BE IT RESOLVED by the Municipal Council of the City of Orange Township, that Firefighter One LLC be and hereby is awarded a contract to provide Fire Apparatus Service and Repair to the City of Orange Township for the period from July 1, 2024 through June 30, 2025 and

BE IT FURTHER RESOLVED that the Mayor Dwayne D. Warren is hereby authorized and directed to execute an agreement with Firefighter One, LLC in accordance with said terms.

Adopted: **June 5, 2025**

Joyce Lanier
Municipal Clerk

Tency A. Eason
Council President



CITY ATTORNEY

CITY OF ORANGE TOWNSHIP
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS
NEXT BUDGET - CURRENT FUND

I, Nile Clements, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2024 service contract, and the resolution to be presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2024 Budget, there will be sufficient funds to contract with:

Vendor Name: Firefighter One, LLC.

Address: 34 Wilson Dr.

City: Sparta

State: New Jersey

Zip Code: 07871

Purpose: Fire apparatus repair and maintenance

Vendor ID: FIREF020

Fund: Current Fund

Line Description OFD - Fire O&E - Vehicle Repair & Maintenance		
Account Numbers(s): CY'24	4-01-25-265-000-509	\$ 65,000.00

Purchase Order # : 24-01189

Amount not to exceed: \$ 65,000.00

Division Head

Date

Nile Clements

5/23/2024

Chief Financial Officer

Date

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Firefighter One LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
34 Wilson Drive

6 City, state, and ZIP code
Sparta NJ 07871

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

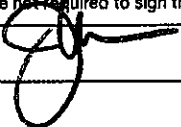
Social security number									
				-					
OR									
Employer identification number									
2	0	-	2	6	5	7	7	9	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ 1/2/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**Public Notice
Request for Bids**

Notice is hereby given that the City of Orange will receive Responses to the RFB on Thursday, May 16, 2024 at 11:00 A.M. in City of Orange, City Hall, 29 North Day Street, Room 206, Orange, New Jersey for the following:

FIRE APPARATUS MAINTENANCE and REPAIRS

Public bids are being solicited in accordance with N.J.S.A. 10:5-31 et. Seq and N.J.A.C. 17:27. Requests for Bids (RFB) may be obtained at the City of Orange, 29 North Day Street, Orange, New Jersey 07050, from Nile S. Clements, Qualified Purchasing Agent, between the hours of 9:00 A.M. and 4:00 p.m., Monday through Friday. All questions regarding the RFB must be made in writing and directed to the Qualified Purchasing Agent. Questions may be faxed to (973) 674 0621. Submissions must be made in the form required by the specifications and one (1) original and five (5) copies must be delivered to reach the Purchasing Agent prior to the time for the receipt of Bids. All information requested in the Request for Bids must be provided or the submission may be disqualified. Submissions must be sealed and plainly marked on the outside of the sealed envelope to the services for which the Bid is submitted. The City of Orange Township reserves the right to reject any and all submissions, to waive any informality in the RFB process, and to accept any submissions which, in their judgment, are most advantageous, price and other factors considered, and will best serve the interest of the City of Orange Township. Submitters are required to comply with the requirements of N.J.S.A. 10:5-31

et seq and N.J.A.C. 17:27
4/26/24 \$56.76

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:
FIREFIGHTER ONE LIMITED LIABILITY COMPAN

TRADE NAME:

ADDRESS:
26 GAIL COURT STE 1
SPARTA NJ 07871
EFFECTIVE DATE:

SEQUENCE NUMBER:
1150194

05/12/05

ISSUANCE DATE:
12/10/09

James J. Quinonez
Director
New Jersey Division of Revenue

FORM-BRC

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.



City of Orange Township, NJ
Fire Apparatus Maintenance & Repair

May 13, 2024

Response from:
FF1 Apparatus LLC
34 Wilson Drive
Sparta, NJ 07871

Prepared by:
Ms. Nikki Perfetti
Email: Nikki@ff1.com
Phone: (973) 940-3061
Fax: (973) 860-1388



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APPENDIX A: BID DOCUMENTS INCLUDING:

- AFFIRMATIVE ACTION REQUIREMENTS
- CERTIFICATE EMPLOYEE INFORMATION REPORT
- BUSINESS REGISTRATION CERTIFICATE
- NON-COLLUSION AFFIDAVIT
- HOLD HARMLESS AGREEMENT
- STOCKHOLDER DISCLOSURE CERTIFICATION
- ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

APPENDIX B: SAMPLE MAINTENANCE CHECK SHEETS

EXECUTIVE SUMMARY

In response to the bid titled "FIRE APPARATUS MAINTENANCE AND REPAIRS". FF1 Apparatus LLC formally proposes the following pricing in accordance with the services detailed by the City of Orange Township, New Jersey in the provided specifications:

Quarterly Inspections	\$405.00 per unit serviced
Bi-Annual Service	\$995.00 per unit serviced
Annual Pump Service	\$400.00 per unit serviced
Annual Aerial Service	\$1,795.00 per unit serviced
Annual Chassis & Fluid Service	\$995.00 per unit serviced

In addition to the above deliverables, pricing for repair services as necessary is proposed at the following pricing:

Hourly Repair Labor Charges (Normal Business Hours)	\$140.00 Hourly
Hourly Repair Labor Charges (After Hours / 4 Hour minimum)	\$210.00 Hourly
Hourly Travel Time	\$0.00
Pickup & Delivery (When necessary)	\$0.00

Firefighter One Staff Contact List:

Apparatus Service Manager: Nikki Perfetti / Phone: 973-940-3061 x204 / Email: Nikki@ff1.com

Commercial Apparatus Service Manager: Richard Rossow / Phone: 973-940-3061 x222 / Email: RRossow@ff1.com

****Demarest Shop Foreman: Blake Danley / Phone: 973-229-1618 / Email: BDanley@ff1.com**

Service Writer: Romi (RJ) Jarrar / Phone: 973-940-3061 x225 / Email: RJarrar@ff1.com

**** 24 Hour Emergency Contact**

FIRM BACKGROUND

Founded in 2014, FF1 Apparatus LLC is a premier Emergency Services Apparatus Sales and Service organization with 2 locations in New Jersey.

FF1 Apparatus LLC's headquarters are located at 34 Wilson Drive, Sparta, New Jersey with approximately 10,000 sq. feet of operational space. In 2021, FF1 acquired a 2nd service center located at 102 Firehouse Road in Browns Mills, New Jersey, adding an additional 3,500 sq. ft. to our capabilities.

With 40 team members, most first responders themselves, FF1 stands ready to assist with a request your department may have.

SCOPE OF SERVICES

The City of Orange Township has identified a need for a dedicated service partner to assist with the maintenance of their fire apparatus fleet. As the contracted representative for Ferrara Fire Apparatus in the state of New Jersey, FF1 Apparatus LLC has the necessary expertise, warranty authority and capabilities to assist in the city.

TIMING & FEES

Should FF1 Apparatus LLC be awarded the contract, team members stand ready to execute immediately. Other than those itemized in the Executive Summary, no additional fees other than parts should be expected. Additional repairs found during preventative maintenance will be itemized, quoted, and forwarded to the Fleet Officer for approval prior to commencement of work.

CERTIFICATIONS & EXPERTISE

The following certifications are held by team members of FF1 Apparatus LLC

- EVT F1, F2, F3, F4, F5 & F6
- ASE T1, T2, T3, T4, T5, T6 & T7
- Various Cummins, Hale & Waterous Certifications
- Multiple team members possess CDL for transport.

FF1 Apparatus Service team members have a combined over 145 years of experience.

WARRANTIES

FF1 Apparatus LLC warrantied all work performed for a period of 90 days from the invoice date.

*Parts warranty may be longer if specified by manufacturer.

REFERENCES

Hillsborough Board of Fire Commissioners
379 South Branch Rd
Hillsborough, NJ 08844
Contact: Ryan Giordano, Fire Inspector/Purchasing
Mobile: (908) 202-8852 / Email: rgiordano@htfd.us

North Hudson Regional Fire & Rescue
11 Port Imperial Blvd
West New York, NJ 07093
Contact: Al Salvesen, Battalion Chief
Mobile: (732) 672-9052 / Email: asalvesen@nhfrf.net

Deptford Fire department
1370 Delsea Drive
Deptford, NJ 08096
Contact: Al Bender, Lieutenant
Mobile: (856) 297-4100 / Email: abender@deptfordfd.org

APPENDIX A

Bid Documents

CITY OF ORANGE TOWNSHIP, NJ

REQUEST FOR BIDS

DEPARTMENT: Administration

PURPOSE: Fire Apparatus Maintenance and Repair

DUE DATE: May 16, 2024

Before being awarded a contract, bidders are required to comply with the requirements of P.L. 1975, C.127, (N.J.A.C. 17:27-3.2). Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, the contractor should present one of the following to the Purchasing Agent:

1. A photocopy of a valid letter from the U.S. Department of Labor that the contractor has an existing federally approved or sanctioned Affirmative Action Plan (good for one year from the date of the letter);
OR
2. A photocopy of approved Certificate of Employee Information Report issued in accordance with N.J.A.C. 17:24-4;
OR
3. An initial Employee Information Report (Form AA302) provided by the Affirmative Action Office and completed by the bidder in accordance with N.J.A.C.17:27-4; OR
4. All successful construction contractors must submit within three days of the signing of the contract an Initial Project Workforce Report (AA201) for any contract award that meets or exceeds the Public Agency bidding threshold (available upon request) in accordance with N.J.A.C.17:27-7.

NO FIRM MAY BE ISSUED A CONTRACT UNLESS IT COMPLIES WITH THE AFFIRMATIVE ACTION REGULATIONS OF P.L. 1975, C.127.

The following questions must be answered by all bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes _____ No X

If yes, please submit a copy of such approval

2. Do you have a Certificate of Employee Information Report Approval?

Yes X No _____

If yes, please submit a copy of such certificate

The undersigned contractor certifies that he is aware of the commitment to comply with the requirements of P.L. 1975, C.127 and agrees to furnish the required documentation pursuant to the law.

Company: FF1 Apparatus LLC

Signature: *Arcyeth*

Title: Apparatus Service Manager

The Respondents attention is also called to Exhibit A and Exhibit B of this document which contains the required information and forms.

Nile Clements
Qualified Purchasing
Agent
29 North Day Street

CITY OF ORANGE TOWNSHIP, NJ

REQUEST FOR BIDS

DEPARTMENT: Administration

PURPOSE: Fire Apparatus Maintenance and Repair

DUE DATE: May 16, 2024

Required with
Submission of Bid
(Owner's checkmarks)

Initial Each Item
Submitted with Bid
(Bidder's Initials)

	A bid guarantee as required by <u>N.J.S.A. 40A:11-21</u>	
	A certificate from a surety company, pursuant to <u>N.J.S.A. 40A:11-22</u>	
	A statement of corporate ownership, pursuant to <u>N.J.S.A. 52:25-24.2</u>	
	A listing of subcontractors as required by <u>N.J.S.A. 40A:11-16</u>	
	If applicable, bidder's acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or bid document	NP
	Public Works Contractor's Registration Act Certificate or copy of application submitted in the last thirty (30) days	
	Business Certificate Registration all contractors seeking the reward of this contract must be registered with the State of New Jersey pursuant to the States Business Registration Act. A certificate showing proof of registration must be included in all "bid proposals".	NP
	Business Entity Disclosure Certification "Pay-To-Play Law, pursuant to P.L. 2004, c.19 as amended by P.L. 2005, c.51	

B. Failure to submit the following documents may be a cause for the bid to be rejected. (N.J.S.A. 40A:11-23.1b)

Required with
Submission of Bid
(Owner's Checkmarks)

Initial Each Item
Submitted with Bid
(Bidder's Initials)

Required with
Submission of Bid
(Owner's checkmarks)

Initial Each Item
Submitted with Bid
(Bidder's Initials)

CITY OF ORANGE TOWNSHIP, NJ

REQUEST FOR BIDS

DEPARTMENT: Administration

PURPOSE: Fire Apparatus Maintenance and Repair

DUE DATE: May 16, 2024

Submission of a Non-Collusion Affidavit (this form must be notarized)	NP
Section II Technical Specification With Bidder's compliance Acknowledged and checked	
Affirmative Action Affidavit	
Hold Harmless Agreement	NP
Affirmative Action Questionnaire	
Completed and signed proposal pages	

Prevailing Wage Affidavit	
Statement of Bidder's Qualifications, Experience and Financial Ability	
Affidavit of Experience and References	
Affidavit of Bidder that he/she is Not on the State of New Jersey's List of Disbarred, Suspended or Disqualified Vendors	
List of five (5) completed projects in last three years	
Company's Asbestos and/or Lead Abatement Certification	

SIGNATURE: The undersigned hereby acknowledges reading and has submitted the above listed requirements

Name of Bidder: FF1 Apparatus LLC By Authorized Representative: Nikki Perfetti

Signature: *Nikki Perfetti* Print Name and Title: Apparatus Service Manager

Date: 5/14/24

NON COLLUSION AFFIDAVIT

State of New Jersey
County of Sussex

SS:

CITY OF ORANGE TOWNSHIP, NJ

REQUEST FOR BIDS

DEPARTMENT: Administration

PURPOSE: Fire Apparatus Maintenance and Repair

DUE DATE: May 16, 2024

I, Nikki Perfetti residing in Montague
(Name of Affiant) (Name of Municipality)

In the County of Sussex and State of New Jersey of full Age,
being duly sworn according to law on my oath depose and say that:

I am Apparatus Service Manager of the firm of FF1 Apparatus LLC
the bidder making this Proposal for the bid proposal entitled
Fire Apparatus Maintenance & Repair, and that I executed the said proposal with full authority to do
(Title of bid proposal)

So that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above name project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the City of Orange relies upon the
(Name of Contracting Unit)

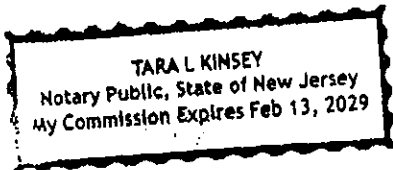
truth of the statements contained in said proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide established commercial or selling agencies maintained by FF1 Apparatus LLC.

Subscribed and sworn to
Before me this
14 May 2024

Nikki Perfetti
Type or print name of affiant under signature
Nikki Perfetti, Apparatus Service Manager

[Signature]
Notary Public of
My Commission expires 2/13 2029



(NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL).

STOCKHOLDER DISCLOSURE CERTIFICATION

This Statement Shall Be Included with Bid Submission

NAME OF BUSINESS: FF1 Apparatus LLC

**CITY OF ORANGE TOWNSHIP, NJ
DEPARTMENT: Administration**

REQUEST FOR BIDS

PURPOSE: Fire Apparatus Maintenance and Repair

DUE DATE: May 16, 2024

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

Partnership

Corporation

Sole Proprietorship

Limited Partnership

Limited Liability Corporation

Limited Liability Partnership

Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below

Stockholders:

Name: Jonathon Van Norman (100%)

Name: _____

Home Address: 4808 SW Lake Grove Circle

Home Address: _____

Palm City, FL 34990

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Subscribed and sworn before me this 14 day of

May, 2024
(Notary Public)

Commission expires:

Nikki Perfetti
(Affiant)
Nikki Perfetti, Apparatus Service Manager
(Print Name & Title of Affiant)
(Corporate Seal)



(TO BE COMPLETED AND RETURNED WITH BID)

CITY OF ORANGE TOWNSHIP

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number

Dated

N/A

Acknowledged for: FF1 Apparatus LLC
(Name of Bidder)

By: 
(Signature of Authorized Representative)

Name: Nikki Perfetti

Title: Apparatus Service Manager

(TO BE COMPLETED AND RETURNED WITH BID)

HOLD HARMLESS AGREEMENT

Between The City of Orange Township
29 North Day Street
Orange, New Jersey 07050

And

FF1 Apparatus LLC

(Contractor)

34 Wilson Drive, Sparta, NJ 07871

Address (not a post office box)

(973) 940-3061 / F (973) 860-1388

Telephone No. & Fax No.


It is understood and agreed the Contractor is;

1. An independent Contractor and is not an employee of the City of Orange Township.
2. The Contractor agrees to indemnify and hold harmless the City of Orange Township, the Council of the City of Orange Township, and all of its officers, agents and employees of and from any and all liability for damages for injury to person and property, including death, and against and from all suits and actions and all costs, damages and changes of whatsoever kind and nature, including attorney's fees to which the Township may be put for or on account of any injury or alleged injury to person, including death, or property, resulting from the performance of the Contractor's operations under this Contract, or by or in consequence of any neglect or omission of the part of the Contractor in the performance of operations under this Contract, whether such operations, or the absence thereof, be by the Contractor or anyone directly or indirectly employed by the Contractor.
3. The Contractor shall hold the City of Orange Township harmless for damages to the Contractor's equipment utilized during the term of this Contract.
4. The Contractor agrees to provide a certificate of insurance specifically naming the City of Orange Township as an additional named insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$500,000.00.

Signed this 14 day of May 2024

FF1 Apparatus LLC

Name of Bidder


Authorized signature and title

Nikki Perfetti, Apparatus Service Manager

Print - Authorized signature and title

Subscribed and sworn to

Before me this 14 day of

May 2024

Tara Kinsey
Signature of Notary

My Commission expires 13 Feb 2029

TARA L KINSEY
Notary Public, State of New Jersey
My Commission Expires Feb 13, 2029

**CERTIFICATE OF REGISTRATION
(P.L. 1999, C.238)**

To:

Re:

- I. Pursuant to P.L. 1999, c.238, et al., specifically, P.L. 2003, c.91, N.J.S.A. 34:11-56.51, all Bidders are required to be registered by the New Jersey Department of Labor at the time bids are received by the Project Owner pursuant to the Public Works Contractor Registration Act.*
- II. No bidder shall list a subcontractor in a Bid Proposal for the contract unless the subcontractor is registered pursuant to P.L. 1999, c. 238 at the time of bid is made.
- III. No contractor or subcontractor shall engage in the performance of any public work subject to the contract, unless the contractor or subcontractor is registered pursuant to the Act.
- IV. Each contractor shall, after the bid is made and prior to the award of the contract, submit to the Project Owner the certificates of registration for the bidder and all subcontractors listed in the Bid Proposal.

*Any bidder who is not registered pursuant to the Act at the time bids are received shall be automatically disqualified and the bid shall be rejected.

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and Employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions. In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

Vendor Signature: apejeth

Date: 5/14/24

Tel No: (973) 940-3061

**REQUIRED EVIDENCE
AFFIRMATIVE ACTION REGULATIONS
P.L. 1975, C. 127 (N.J.A.C. 17:27-3.2)**

Before being awarded a contract, bidders are required to comply with the requirements of P.L. 1975, C.127, (N.J.A.C. 17:27-3.2). Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, the contractor should present one of the following to the Contact Person:

1. A photocopy of a valid letter from the U.S. Department of Labor that the contractor has an existing federally-approved or sanctioned Affirmative Action Plan (good for one year from the date of the letter);

OR

2. A photocopy of approved Certificate of Employee Information Report issued in accordance with N.J.A.C. 17:24-4;

OR

3. An initial Employee Information Report (Form AA302) provided by the Affirmative Action Office and completed by the bidder in accordance with N.J.A.C.17:27-4;

OR

4. All successful construction contractors must submit within three days of the signing of the contract an Initial Project Workforce Report (AA201) for any contract award that meets or exceeds the Public Agency bidding threshold (available upon request) in accordance with N.J.A.C.17:27-7.

NO FIRM MAY BE ISSUED A CONTRACT UNLESS IT COMPLIES WITH THE AFFIRMATIVE ACTION REGULATIONS OF P.L. 1975, C.127.

The following questions must be answered by all bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes _____

No

If yes, please submit a copy of such approval

2. Do you have a Certificate of Employee Information Report Approval?

Yes

X

No _____

If yes, please submit a copy of such certificate

The undersigned contractor certifies that he is aware of the commitment to comply with the requirements of P.L. 1975, C.127 and agrees to furnish the required documentation pursuant to the law.

Company: FF1 Apparatus LLC

Nikki Perfetti Signature:
Nikki Perfetti

Title: Apparatus Service Manager

AMERICANS WITH DISABILITIES ACT OF 1990

Equal Opportunity for Individuals with Disability

The contractor and the of (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. § 12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performances shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violates or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expenses to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

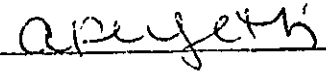
The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the owner or any of its agents, servants and employees, the *owner* shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph:

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative

Name/Title: Nikki Perfetti, Apparatus Service Manager
PRINT

Representative's Signature: 

Name of Company: FF1 Apparatus LLC

Telephone No.: (973) 940-3061

**BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
CITY OF ORANGE TOWNSHIP, NEW JERSEY**

Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that
FF1 Apparatus LLC

(Contractor) has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one-year period preceding the date of reorganization to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the **CITY OF ORANGE TOWNSHIP** as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

Dwayne D. Warren	
Kerry J. Coley	
Tency A. Eason	
Quantavia Hilbert	
Weldon M. Montague, III	
Clifford R. Ross	
Jamie Summers-Johnson	
Adrienne Wooten	

Part II – Ownership Disclosure Certification

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

- Partnership Corporation Sole Proprietorship Subchapter S Corporation
 Limited Partnership Limited Liability Corporation Limited Liability Partnership

Name of Stock or Shareholder	Home Address
Jonathon Van Norman (100%)	4808 SW Lake Grove Circle, Palm City, FL 34990

Part 3 – Signature and Attestation:


The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: FF1 Apparatus LLC

Signed: *Nikki Perfetti* Title: Apparatus Service Manager

Print Name: Nikki Perfetti Date: 5/14/24

Commission expires: 13 Feb 2024 (Print name & title of affiant) (Corporate Seal) My

Subscribed and sworn before me the _____
11 day of May, 20 24 (Affiant) 

TARA L KINSEY
Notary Public, State of New Jersey
My Commission Expires Feb 13, 2029

(Print name & title of affiant) (Corporate Seal)
My Commission expires:

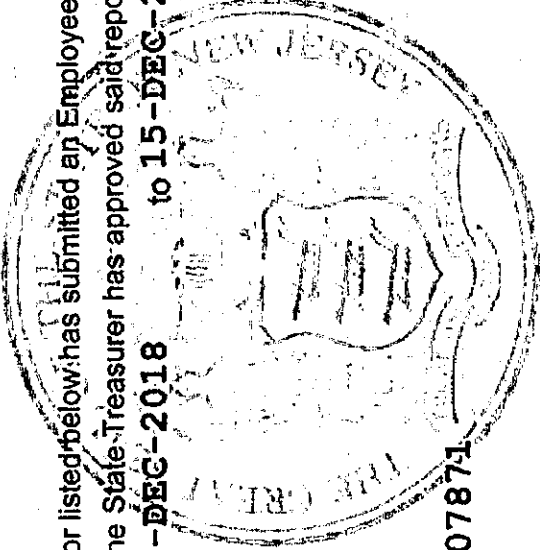
Certification 60201

CERTIFICATE OF EMPLOYEE INFORMATION REPORT INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-DEC-2018** to **15-DEC-2025**

**FF1 APPARATUS, LLC
34 WILSON DRIVE
SPARTA**

NJ 07871



Elizabeth M. Muoio

ELIZABETH MAHER MUOIO
State Treasurer

12/04/17

Taxpayer Identification# 472-170-041/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:
FF1 APPARATUS LLC

TRADE NAME:

ADDRESS:
34 WILSON DR.
SPARTA NJ 07871
EFFECTIVE DATE:

SEQUENCE NUMBER:
1910376

ISSUANCE DATE:
12/04/17

10/29/14



Director
New Jersey Division of Revenue

FORM BRG

APPENDIX B

Sample Maintenance Checklists



Firefighter 1

PREVENTATIVE MAINTENANCE AERIAL SERVICE

Department: _____ Date: _____ Truck Number: _____

VIN: _____ Mfg. ID: _____ Make: _____ Model: _____

Mileage: _____

CHECKED AND OKAY AT THIS TIME

MAY REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

HYDRAULIC SYSTEMS

<input type="checkbox"/>	N/A	Check Rotation Gear Reduction Box
<input type="checkbox"/>	N/A	Check Rotation Hydraulic Swivel
<input type="checkbox"/>	N/A	Check Turntable Lines & Hoses
<input type="checkbox"/>	N/A	Check Turntable Control Valve
<input type="checkbox"/>	N/A	Check Hydraulic Tank
<input type="checkbox"/>	N/A	Check Hydraulic Fluid Levels
<input type="checkbox"/>	N/A	Replace Low & High Pressure Hydraulic Filters
<input type="checkbox"/>	N/A	Check Hydraulic Pump Pressure
<input type="checkbox"/>	N/A	Check PTO
<input type="checkbox"/>	N/A	Check Auxiliary Power Pump
<input type="checkbox"/>	N/A	Check Hydraulic Lines & Hoses
<input type="checkbox"/>	N/A	Check Stabilizer Cylinders
<input type="checkbox"/>	N/A	Check Stabilizer Control Valve
<input type="checkbox"/>	N/A	Check Stabilizer Lines and Hoses
<input type="checkbox"/>	N/A	Check Stabilizer Diverter Valve
<input type="checkbox"/>	N/A	Check Aerial Elevation Cylinder
<input type="checkbox"/>	N/A	Check Aerial Extension Cylinder
<input type="checkbox"/>	N/A	Check Aerial Lines & Hoses
<input type="checkbox"/>	N/A	Check Aerial Tip Controls
<input type="checkbox"/>	N/A	Check Platform Control Valve
<input type="checkbox"/>	N/A	Check Platform Leveling Cylinders
<input type="checkbox"/>	N/A	Check Platform Lines & Hoses

STRUCTURAL FASTENERS

<input type="checkbox"/>	N/A	Check Turntable Mounting Bolts
<input type="checkbox"/>	N/A	Check Torque Box Mounting to Frame Bolts
<input type="checkbox"/>	N/A	Check Suspension System Bolts

TRACTOR DRAWN COMPONENTS

<input type="checkbox"/>	N/A	Check Mounting to Frame Bolts
<input type="checkbox"/>	N/A	Check Rotation Gear Reduction Box Mounting Bolts
<input type="checkbox"/>	N/A	Check Boom Support / Ladder Cradle Mounting Bolts

LUBRICATION

<input type="checkbox"/>	N/A	Lubricate Sheaves
<input type="checkbox"/>	N/A	Lubricate Cables
<input type="checkbox"/>	N/A	Lubricate Ladder Section Base Rails
<input type="checkbox"/>	N/A	Lubricate Ladder Heel Pin
<input type="checkbox"/>	N/A	Lubricate Rotation Gear & Bearing
<input type="checkbox"/>	N/A	Lubricate Gear Reduction Box
<input type="checkbox"/>	N/A	Lubricate Elevation Cylinder Pins
<input type="checkbox"/>	N/A	Lubricate Extension Cylinder Pins
<input type="checkbox"/>	N/A	Lubricate Stabilizer Extension Cylinder Pins
<input type="checkbox"/>	N/A	Lubricate Waterway Pipe

See page 2 for additional inspection results

This Inspection Completed by: _____ Date: _____

INDICATORS

	N/A	Check Rung Alignment
	N/A	Check PTO Engaged
	N/A	Check Aerial Alignment
	N/A	Check Turntable Alignment
	N/A	Check Elevation
	N/A	Check Extension
	N/A	Check Turntable Level

TURNABLE COMPONENTS

	N/A	Check Safety Signs
	N/A	Check Communication System
	N/A	Check Emergency Hydraulic Power
	N/A	Check Interlock Systems
	N/A	Check Electrical Lines

STABILIZER

	N/A	Check Mounting to Frame or Torque Box
	N/A	Check Mounting Bolts

STABILIZER COMPONENTS

	N/A	Check Outrigger Planted Lights at Control Station
	N/A	Check Outrigger Not Stowed Light in Cab
	N/A	Check Pads
	N/A	Check Interlocks
	N/A	Check Safety Pins
	N/A	Check Vehicle Mounted Bubble Levels

AERIAL COMPONENTS

	N/A	Check Park Brake Interlock
	N/A	Check Waterway
	N/A	Check Sheaves
	N/A	Check Pinnable Waterway
	N/A	Check Rung Covers
	N/A	Check Breathing Air
	N/A	Check Wear Strips
	N/A	Check Aerial Ext/Ret Cables (Adjust if Needed)
	N/A	Check Aerial Electric Cables (Adjust if Needed)
	N/A	Check Rung Alignment (Adjust Cables if Needed)
	N/A	Check Monitor Operation (If Applicable)
	N/A	Check Track Lighting, Tip Lights, & Spot Lights
	N/A	Check Ladder Sections for Damage

See page 3 for additional comments and defects found.

Inspect & Note Any Visual Damage on Truck:



Firefighter 1

PREVENTATIVE MAINTENANCE CAB AND CHASSIS SERVICE

Department: _____ Date: _____ Truck Number: _____

VIN: _____ Mfg. ID: _____ Make: _____ Model: _____

Mileage: _____

CHECKED AND OKAY AT THIS TIME

MAY REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

CAB	
<input type="checkbox"/>	N/A Check All Switches
<input type="checkbox"/>	N/A Check All Windows for Cracks/Chips
<input type="checkbox"/>	N/A Check All Side Windows Operating Properly
<input type="checkbox"/>	N/A Check Operation of Wiper Blades & Condition
<input type="checkbox"/>	N/A Check All Horns & Sirens (Cab/Pump Panel)
<input type="checkbox"/>	N/A Check All Seats and Seatbelts
<input type="checkbox"/>	N/A Check All Gauges
<input type="checkbox"/>	N/A Record Volt Gauge Results:
<input type="checkbox"/>	N/A Check HVAC System (Defrost)
<input type="checkbox"/>	N/A Check All Chargers
<input type="checkbox"/>	N/A Check Interior Lighting
<input type="checkbox"/>	N/A Visually Inspect Park Brake Components
<input type="checkbox"/>	N/A Perform Service Brake Leak Down Test (3-4 PSI in 1 Minute)
<input type="checkbox"/>	N/A Perform Brake Pop Out Test at 60 PSI

UPPER CHASSIS SERVICE	
<input type="checkbox"/>	N/A Check Power Steering Fluid Level
<input type="checkbox"/>	N/A Check Air Filter
<input type="checkbox"/>	N/A Clean & Inspect Batteries, Perform Load Test
<input type="checkbox"/>	N/A Check Starter Connections
<input type="checkbox"/>	N/A Visually Inspect All Tires for Age, Damage, & Tread Depth
<input type="checkbox"/>	N/A Visually Inspect Rims for Cracks/Damages
<input type="checkbox"/>	N/A Check Lug Nuts for Secureness
<input type="checkbox"/>	N/A Check Front & Rear Tire Pressure
<input type="checkbox"/>	N/A Visually Inspect Belts & Hoses for Cracks & Wear
<input type="checkbox"/>	N/A Visually Inspect Wiring for Rubbing
<input type="checkbox"/>	N/A Inspect & Lube Door Latches, Hinges, and Strikers
<input type="checkbox"/>	N/A Inspect Door Rubber Gaskets
<input type="checkbox"/>	N/A Inspect Door Spring (ADJUST IF REQUIRED)
<input type="checkbox"/>	N/A Inspect Door Chains (ADJUST IF REQUIRED)
<input type="checkbox"/>	N/A Check Cab Tilt Operation & Fluid Level

ELECTRICAL	
<input type="checkbox"/>	N/A Check Warning & Scene Lighting
<input type="checkbox"/>	N/A Check All Pump & Compartment Lights
<input type="checkbox"/>	N/A Check Headlight, Brake, Turn Signal, & Reverse Lights
<input type="checkbox"/>	N/A Check Clearance & Side Marker Lights

See Page 2 for additional inspection results.

Inspect & Note Any Visual Damage on Truck: _____

This Inspection Completed by: _____ Date: _____

LOWER CHASSIS SERVICE

	N/A	Change Engine Oil & Replace Oil Filters
	N/A	Check Engine Coolant Level & Change Filter (If Applicable)
	N/A	Check Transmission Fluid Level/Condition
	N/A	Change All Fuel Filters
	N/A	Grease Driveline U-Joints & Chassis Lube Points
	N/A	Check Driveline Components
	N/A	Inspect/Tighten Driveline Bolts
	N/A	Visually Inspect Brake Components
	N/A	Visually Inspect Park Brake Components
	N/A	Visually Inspect Undercarriage for Loose Bolts or Broken Supports
	N/A	Visually Inspect Suspension Components
	N/A	Visually Inspect Fuel Tank & Fuel Lines
	N/A	Visually Inspect for Excessive Rust
	N/A	Visually Inspect Electrical Lines/Hoses for Wear
	N/A	Check Exhaust System for Secureness & Leaks
	N/A	Drain Air Tanks of Moisture
	N/A	Check Air Dryer for Leaks & Replace Filter (If Applicable)

FINAL INSPECTION

	N/A	Run Apparatus/Check for Leaks (Cab Raised)
	N/A	Inspect Cleanliness of Apparatus
	N/A	Apply PM Completion Sticker
	N/A	Quick Apparatus Wash (If Applicable)

See page 3 for additional comments and defects found.



Firefighter 1

PREVENTATIVE MAINTENANCE GENERATOR SERVICE

Department: _____ Date: _____ Truck Number: _____

VIN: _____ Mfg. ID: _____ Make: _____ Model: _____

Mileage: _____

CHECKED AND OKAY AT THIS TIME

MAY REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

GENERATOR INFO

MAKE:	
MODEL:	
SERIAL NUMBER:	
CAPACITY:	

HYDRAULIC GENERATORS

	NA	Inspect Fluid Condition
	NA	Replace Hydraulic Filter (if needed)
	NA	Check PTO & Components for Leaks/Damage
	NA	Grease PTO Driveshaft

ALL GENERATORS

	NA	Operate Generator & Check Voltage
	NA	Check Indicator Lights in Dash/Generator Governor
	NA	Check Park Brake Interlock
	NA	Check Lights & Receptacles for Power
	NA	Operate Light Tower

DIESEL GENERATORS

	NA	Replace Oil, Fuel, & Air Filters
	NA	Check Belts & Hoses for Wear, Cracks, & Leaks
	NA	Check Coolant Level
	NA	Check All Power & Ground Connections at Starter
	NA	Check All Power & Ground Connections at Alt.
	NA	Check All Power & Ground Connections at Frame
	NA	Inspect Exhaust for Leaks

Inspect & Note Any Visual Damage on Truck:

See page 2 for additional comments and defects found.



Firefighter 1

PREVENTATIVE MAINTENANCE PUMP SERVICE

Department: _____ Date: _____ Truck Number: _____

VIN: _____ Mfg. ID: _____ Make: _____ Model: _____

Mileage: _____

CHECKED AND OKAY AT THIS TIME	MAY REQUIRE FUTURE ATTENTION	REQUIRES IMMEDIATE ATTENTION
--------------------------------------	-------------------------------------	-------------------------------------

PUMP/CONTROLS	
	N/A Change Pump Gearbox Oil
	N/A Grease All Pump Fittings
	N/A Check Primer Tank Oil Level
	N/A Lube Primer Shaft & Linkage
	N/A Check Power/Ground Connections at Primer Motor
	N/A Inspect & Lube Ball Valves
	N/A Inspect & Lube Valve Control linkages
	N/A Inspect Intake Screens
	N/A Clean & Lube Pump Caps & Fittings
	N/A Check Pump Mounting Bolts & Brackets
	N/A Check Aux. Cooler for Cracks, Corrosion, & Leaks
	N/A Grease Drive Shafts & U-Joints
	N/A Check Drive Shaft Bolts for Tightness
	N/A Check U-Joints for Excess Play
	N/A Visually Inspect Plumbing for Excessive Rust
	N/A Visually Inspect Plumbing for Broken Hardware
	N/A Visually Inspect Tank if Visible/Tank Crossmembers
	N/A Operate Primer Motor & Adjust Linkage if Required
	N/A Perform Pump Vacuum Test - RESULTS:
	N/A Check Pump Shift (Elect., Air, Manual)
	N/A Check "Pump In Gear Light" in Cab
	N/A Check "OK to Pump Light" at Pump Panel
	N/A Check Air Horn at Pump Panel

PUMP/CONTROLS CONTINUED	
	N/A Grease Bearing on Waterous Pump
	N/A Check Autolube on Hale Pump

CIRCULATE PUMP (20 minutes minimum)	
	N/A Check for Leaks, Noises, Vibrations, Etc.
	N/A Operate Relief Valve or Engine Governor
	N/A Operate Transfer (2) Stage Valve & Lube
	N/A Check Pump Throttle Control
	N/A Check Pump Shut Down
	N/A Operate & Check All Drain Valves
	N/A Check Pump Packing and Adjust if Required
	N/A Check Pressure Gauges
	N/A Check Tachometer - RPM @ Idle: 750
	N/A Check Pump Tachometer Drive
	N/A Check Tank Level Gauge
	N/A Check Hose Reel Drive, Rewind, & Grease Swivel
	N/A Check Booster Tank Exterior/Underbody/Fill Tower

See page 2 for additional comments and defects found.

Inspect & Note Any Visual Damage on Truck:

* Run yearly standard pump test (per NFPA-1911) to check pump performance levels.
 * Repacking of pump is recommended every two or three years.



Firefighter 1

QUARTERLY INSPECTION

Department: _____ Date: _____ Truck Number: _____

VIN: _____ Mfg. ID: _____ Make: _____ Model: _____

Mileage: _____

CHECKED AND OKAY AT THIS TIME

MAY REQUIRE FUTURE ATTENTION

REQUIRES IMMEDIATE ATTENTION

CHASSIS

	N/A	Check Front & Rear Tire Pressure
	N/A	Visually Inspect Park Brake Components
	N/A	Visually Inspect Batteries
	N/A	Visually Inspect Driveline U-Joints & Chassis
	N/A	Inspect/Tighten Driveline Bolts
	N/A	Visually Inspect Belts & Hoses for Cracks & Wear
	N/A	Visually Inspect Undercarriage for Loose Bolts or Broken Supports
	N/A	Visually Inspect Suspension
	N/A	Visually Inspect Fuel Tank
	N/A	Visually Inspect Brake System
	N/A	Visually Inspect Wiper Blades & Windshield

APPARATUS BODY

	N/A	Inspect & Lube Door Latches Hinges, and Strikers
	N/A	Inspect Door Rubber Gaskets
	N/A	Inspect Door Spring (ADJUST IF REQUIRED)
	N/A	Inspect Door Chains (ADJUST IF REQUIRED)

CAB COMPONENTS

	N/A	Check HVAC System (Defrost)
	N/A	Check Cab Seats and Seat Belts
	N/A	Check All Switches
	N/A	Check All Windows Operating Properly

ELECTRICAL

	N/A	Check Starter Connections
	N/A	Record Volt Gauge Results:
	N/A	Check Warning & Scene Lighting
	N/A	Check All Pump & Compartment Lights
	N/A	Check Headlight, Brake, Clearance, Reverse & Side Marker Lights
	N/A	Check All Horns & Sirens
	N/A	Operate Generator and Record Voltage/HZ (If Applicable)

OPERATIONAL TESTING

	N/A	Operate Pump
	N/A	Check Pump Panel Gauges & Throttle/Shut Down
	N/A	Operate Outriggers & Aerial

See page 2 for additional comments and defects found.

Inspect & Note Any Visual Damage on Truck: _____

This Inspection Completed by: _____ Date: _____

Emergency Vehicle Technician

Certification Commission, Inc.



Jason Butow

is certified in the areas listed below:

- Maintenance, Inspection, & Testing of Fire Apparatus
 - Design & Performance Standards of Fire Apparatus
 - Fire Pumps and Accessories
 - Fire Apparatus Electrical Systems
- Expires:
- 01/26/2029
 - 01/26/2029
 - 01/26/2029
 - 03/13/2025


 Kevin Roberts, President

Certificate of Achievement



awarded to

Jason Butow

for successfully completing
Qualification
in the Cummins Training Class

EPA 2010-2017 ISX15/X15 Engine Mechanical
Qualification

April 28, 2022

Date

James Shaner
James Shaner, Trainer

Service Training ID: 1292760



Cummins Qualification Completion Certificate

Jason Butow

Successfully Completed:

ISL9 CM2350 L101 Lite Repair (2012-25L)

On: 08/31/2021

Service Training ID: 1292760

Certificate of Achievement



awarded to

Jason Butow

for successfully completing
Qualification

in the Cummins Training Class

EPA 2018 X12 Qualification

November 18, 2022

Date

A handwritten signature in black ink, appearing to read 'Michael Whitcomb'.

Michael Whitcomb, Trainer

Service Training ID: 1292760

Certificate of Achievement



awarded to

Jason Butow

for successfully completing
Qualification
in the Cummins Training Class

EPA 2010-2013 ISX11.9/12 Qualification

December 08, 2022

Date

A handwritten signature in black ink, appearing to read 'Michael Whitcomb'.

Michael Whitcomb, Trainer

Service Training ID: 1292760

Certificate of

Achievement



Awarded to

Jason Butow

In recognition of the successful completion of the course

Onan Hydraulic/PTO™ Repair Level, 6028

on this Wednesday, April 18, 2018

Eric Bollensen
Service Trainer

Cummins Power Systems - Shoreview, MN

A handwritten signature in black ink, appearing to read 'Eric Bollensen'.



Harrison

HYDRAULIC SOLUTIONS
PROVEN UNDER PRESSURE.

Service Training Certification

This certificate is evidence that Jason Butow has completed the Factory Authorized Training for Service, Installation, Maintenance and Operation of the Harrison Hydraulic Solutions Generator products.

Harrison Hydra-Gen Certified Trainer

Trainer: Paul Newton

Date: July 16, 2013



Certificate of Achievement



awarded to

Jason Butow

for successfully completing

Qualification

in the Cummins Training Class

EPA 2010-2021 MR and HD Engine Diagnostics

July 01, 2022

Date

A handwritten signature in black ink, appearing to read 'Michael Whitcomb', written over a dotted line.

Michael Whitcomb, Trainer

Service Training ID: 1292760

Certificate of Achievement



awarded to

Jason Butow

for successfully completing
Qualification
in the Cummins Training Class

**EPA 2010-2017 ISB/ISC/ISL Engine Mechanical
Qualification**

February 04, 2022

Date

A handwritten signature in black ink, appearing to read "Andrew Covert".

Andrew Covert, Trainer

Service Training ID: 1292760

Emergency Vehicle Technician

Certification Commission, Inc.



Travis Christine

is certified in the areas listed below:

Maintenance, Inspection, & Testing of Fire Apparatus
Design & Performance Standards of Fire Apparatus
Fire Pumps and Accessories

Expires:
10/07/2027
10/07/2027
01/26/2029

Kevin Roberts, President



FIRE CHASSIS

**2022 FIRE TRUCK TRAINING CONFERENCE
CERTIFICATE OF COMPLETION**

TRAVIS CHRISTINE

HAS SUCCESSFULLY COMPLETED

**Air Bag Protection Roll-TEK & APS
Maintenance, Inspection, & Testing EVT F1 (2-Day Class)
Fire Apparatus Design and Performance EVT F2**

Emergency Vehicle Technician

Certification Commission, Inc.



Joseph Conway

is certified in the areas listed below:

Maintenance, Inspection, & Testing of Fire Apparatus

Design & Performance Standards of Fire Apparatus

Fire Pumps and Accessories

Fire Apparatus Electrical Systems

Expires:

06/07/2023

07/19/2024

09/21/2023

03/13/2025

A handwritten signature in black ink, appearing to read "Kevin Roberts".

Kevin Roberts, President

CERTIFICATE OF TRAINING

This is to certify that

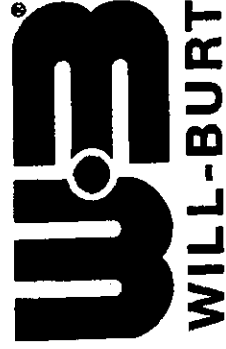
Joe Conway

has satisfactorily completed the

**Will-Burt Night Scan
Maintenance & Service Training Course**

Date

August 18, 2022



Signed

A handwritten signature in black ink, appearing to read 'Kevin Lenart', written over a horizontal line.

Kevin Lenart

W-B
15

Emergency Vehicle Technician

Verification Commission, Inc.



Blake Danley

is certified in the areas listed below:

Maintenance, Inspection, & Testing of Fire Apparatus

Design & Performance Standards of Fire Apparatus

Fire Apparatus Electrical Systems

Aerial Fire Apparatus

Allison Automatic Transmissions

Expires:

05/03/2024

07/19/2024

10/11/2023

06/07/2023

09/28/2023

Kevin Roberts, President

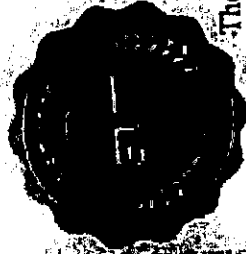
Emergency Vehicle Technician Certification Commission, Inc.

Recognizes

Matthew Eckel

as meeting the requirements of the following levels of EVT Certification

- LEVEL I FIRE APPARATUS TECHNICIAN
- LEVEL II FIRE APPARATUS TECHNICIAN
- MASTER FIRE APPARATUS TECHNICIAN



This certification expires:

October 31, 2027

Kevin Robert, President

The technician must maintain the individual ASE and EVT requirements for each level.

FOLD ALONG PERFORATION TO REMOVE CERTIFICATE



National Institute for
**AUTOMOTIVE
SERVICE
EXCELLENCE**

Be it known that

MATTHEW S ECKEL

has successfully passed the examinations and met the work experience requirement prescribed by the National Institute for Automotive Service Excellence and is hereby **ASE CERTIFIED** in the service areas listed below.

MASTER MEDIUM/HEAVY VEHICLE TECHNICIAN

AREAS OF DEMONSTRATED ACHIEVEMENT

DIESEL ENGINES	JUNE 30, 2027
DRIVE TRAIN	JUNE 30, 2027
BRAKES	JUNE 30, 2027
SUSPENSION AND STEERING	JUNE 30, 2027
ELECTRICAL/ELECTRONIC SYSTEMS	JUNE 30, 2027
HEATING, VENTILATION, AND A/C	DECEMBER 31, 2027
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.....

EXPIRES

GIVEN THIS 2ND DAY OF SEPTEMBER 2022, AT LEESBURG, VIRGINIA

Timothy A. Zilke
TIMOTHY A. ZILKE, President

ASE-1385-6106

ASE IDENTIFICATION NUMBER

FOLD ALONG PERFORATION TO REMOVE CERTIFICATE



National Institute for
**AUTOMOTIVE
SERVICE
EXCELLENCE**

Be it known that
MATTHEW S ECKEL

has successfully passed the examinations and met the work experience requirement prescribed by the National Institute for Automotive Service Excellence and is hereby **ASE CERTIFIED** in the service areas listed below.

MEDIUM/HEAVY TRUCK TECHNICIAN

AREAS OF DEMONSTRATED ACHIEVEMENT	EXPIRES
GASOLINE ENGINES	DECEMBER 31, 2027
DIESEL ENGINES	JUNE 30, 2027
DRIVE TRAIN	JUNE 30, 2027
BRAKES	JUNE 30, 2027
SUSPENSION AND STEERING	JUNE 30, 2027
ELECTRICAL/ELECTRONIC SYSTEMS	JUNE 30, 2027
HEATING, VENTILATION, AND A/C	DECEMBER 31, 2027
** ** *	** ** *

GIVEN THIS 2ND DAY OF SEPTEMBER 2022, AT LEESBURG, VIRGINIA

Timothy A. Zilke
TIMOTHY A. ZILKE, President

ASE-1385-6106
ASE IDENTIFICATION NUMBER

Emergency Vehicle Certification

Certification Commission, Inc.

Matthew Eckel

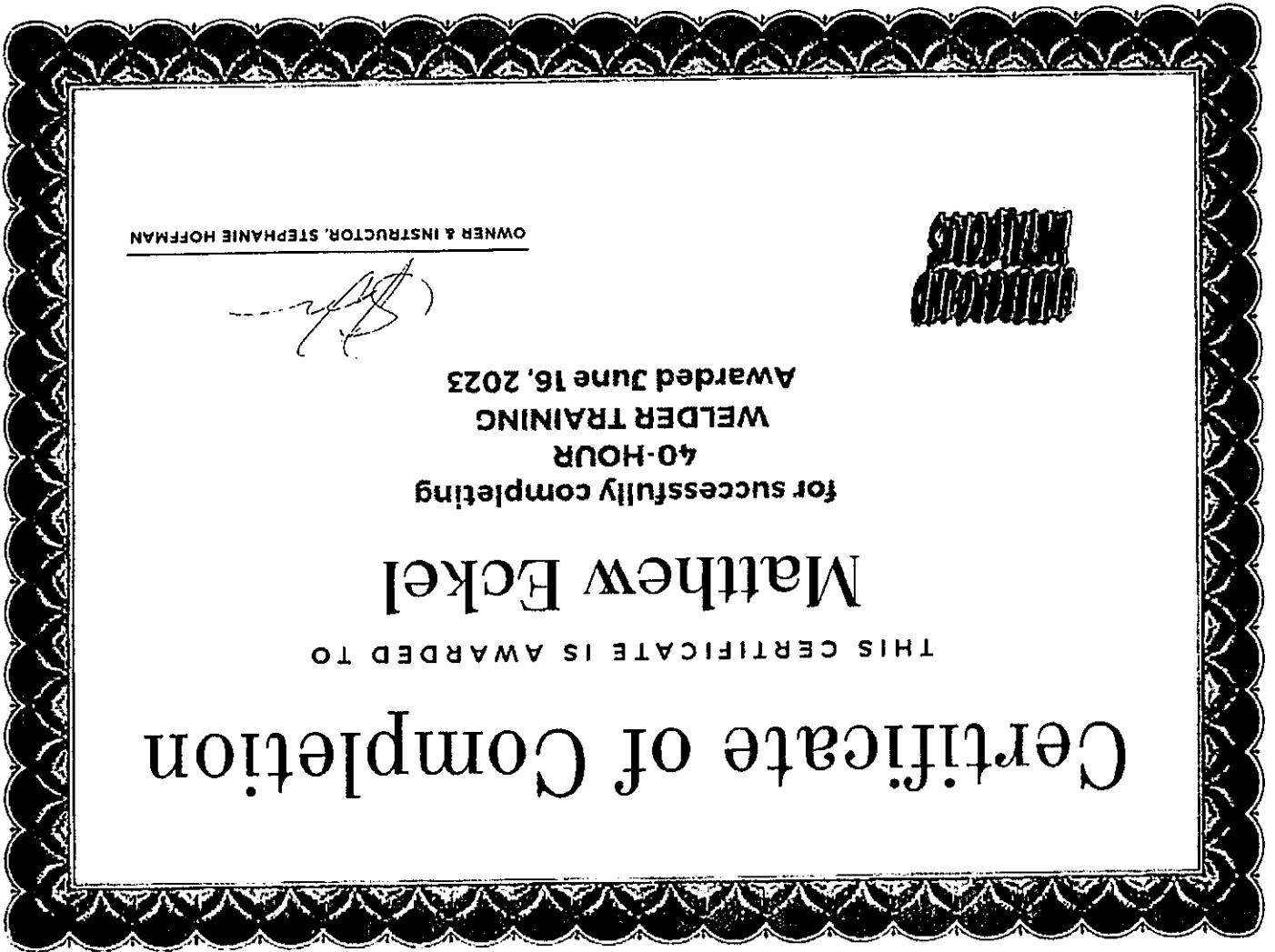
is certified in the areas listed below:

- Maintenance, Inspection, & Testing of Fire Apparatus
- Design & Performance Standards of Fire Apparatus
- Fire Pumps and Accessories
- Fire Apparatus Electrical Systems
- Aerial Fire Apparatus
- Allison Automatic Transmissions

- Expires:
- 06/04/2027
- 06/04/2027
- 06/05/2026
- 03/13/2025
- 10/07/2027
- 10/07/2027

Kevin Robert, President





OWNER & INSTRUCTOR, STEPHANIE HOFFMAN



for successfully completing
40-HOUR
WELDER TRAINING
Awarded June 16, 2023

Matthew Eckel

THIS CERTIFICATE IS AWARDED TO

Certificate of Completion

Emergency Vehicle Technician

Certification Commission, Inc.



Gavin Ewen

is certified in the areas listed below:

Maintenance, Inspection, & Testing of Fire Apparatus
Design & Performance Standards of Fire Apparatus

Expires:
10/07/2027
10/07/2027

Kevin Roberts, President



RESV GROUP

FIRE CHASSIS

**2022 FIRE TRUCK TRAINING CONFERENCE
CERTIFICATE OF COMPLETION**

GAVIN EWEN

HAS SUCCESSFULLY COMPLETED

**Air Bag Protection Roll-TEK & APS
Maintenance, Inspection, & Testing EVT F1 (2-Day Class)
Fire Apparatus Design and Performance EVT F2**

CERTIFICATE OF TRAINING

This is to certify that

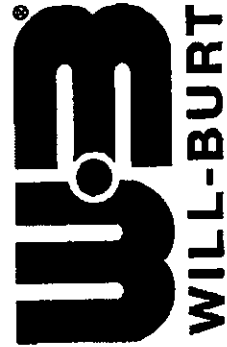
Garvin Owen

has satisfactorily completed the

**Will-Burt Night Scan
Maintenance & Service Training Course**

Date

August 18, 2022



Signed

W-B
15



Kevin Lenart

Emergency Vehicle Technician

Certification Commission, Inc.

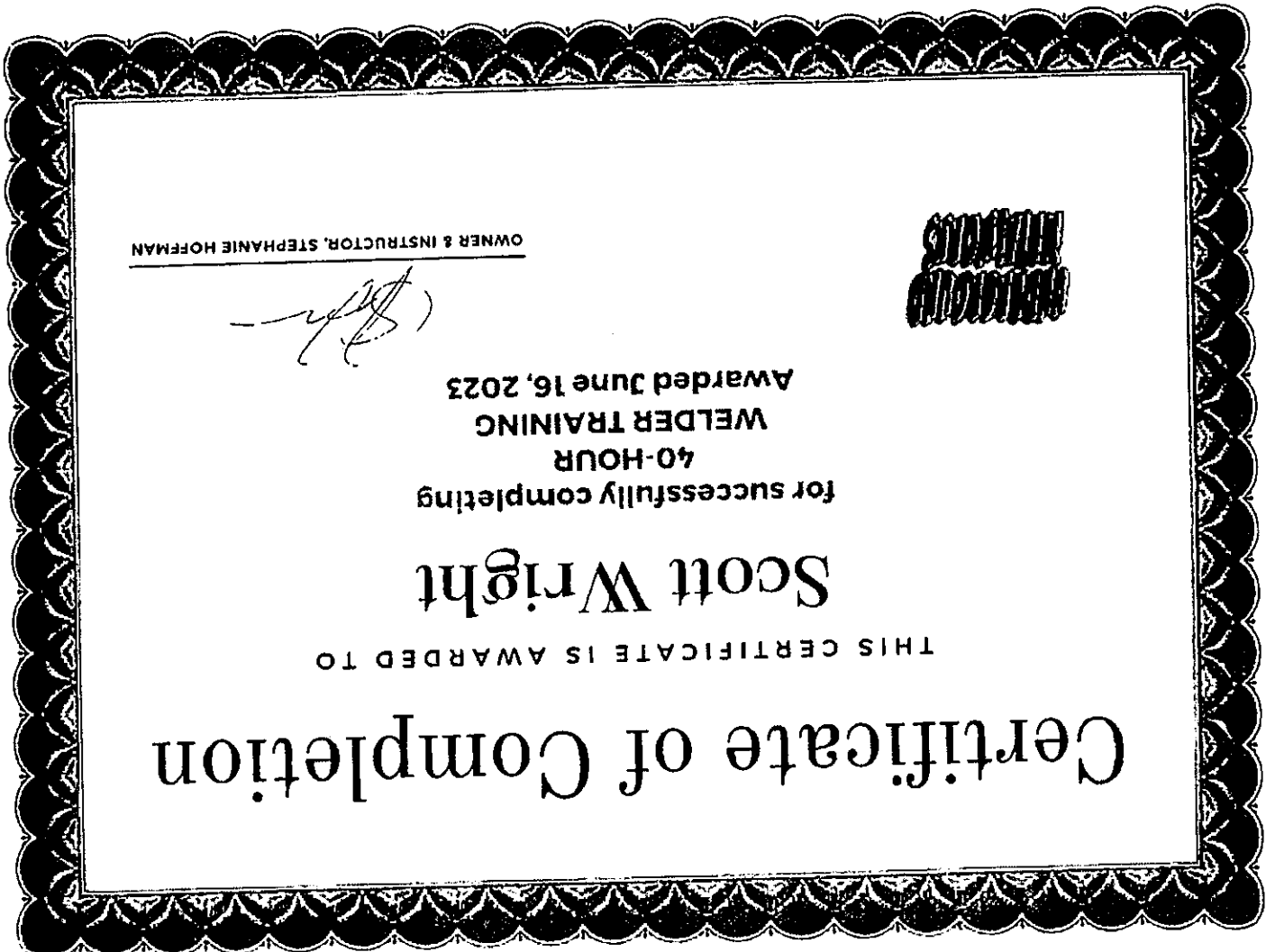


Andrew Pettigrew

is certified in the areas listed below:

Maintenance, Inspection, & Testing of Fire Apparatus	Expires:	01/26/2029
Design & Performance Standards of Fire Apparatus		01/26/2029
Fire Apparatus Electrical Systems		03/13/2025

Kevin Roberts, President



Certificate of Completion

THIS CERTIFICATE IS AWARDED TO

Scott Wright

for successfully completing

40-HOUR

WELDER TRAINING

Awarded June 16, 2023

OWNER & INSTRUCTOR, STEPHANIE HOFFMAN

