

EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2015

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Due Date: January 24, 2014

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2014**. Please adhere to the following instructions, **as incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only)
- Be sure to have necessary **SIGNATURES NOTARIZED**

| | | | | |
|-------------------------|---|---|---------------------------|---|
| Local Recipient: | Running Bear Rescue d.b.a. Rocky Mountain EMS | | 127100-126004 | |
| | <i>(EMS Service that will benefit)</i> | | <i>(EMS Service #)</i> | |
| Mailing Address: | PO Box 65970 | | Albuquerque | NM 87193 |
| | <i>(Street/Mailing Address)</i> | | <i>(City)</i> | <i>(State)</i> <i>(Zip)</i> |
| | X 1 | 2 | 3 | 505-983-3573 |
| | <i>(EMS Region)</i> | | <i>(Business Phone #)</i> | <i>(Emergency Phone #)</i> <i>(Fax Phone #)</i> |
| Contact Person: | Edward S. Little | | President | runningbearrescu@aol.com |
| | <i>(Name)</i> | | <i>(Title)</i> | <i>(E-mail Address)</i> |

| | | | | |
|-------------------------|---|----------------------|-------------------------|-----------------------------|
| Applicant: | Santa Fe County | | | |
| | <i>(County or Municipality serving as Fiscal Agent)</i> | | | |
| Mailing Address: | 35 Camino Justica | | Santa Fe | NM 87508 |
| | <i>(Mailing Address)</i> | | <i>(City)</i> | <i>(State)</i> <i>(Zip)</i> |
| Contact Person: | David Sperling | | SFCFD Fire Chief | |
| | <i>(Name)</i> | | <i>(Title)</i> | |
| | 505-992-3070 | | | |
| | <i>(Telephone #)</i> | <i>(Fax Phone #)</i> | <i>(E-mail Address)</i> | |

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria.
(All responses are subject to review and verification).

| Medical-Rescue Service Entry Level (\$1,500) | Medical-Rescue Service First Responder (\$3,000) | Medical-Rescue Service/Ambulance Basic Level (\$5,000) | Medical-Rescue Service/Ambulance Advance Level (\$7,000) |
|--|--|--|---|
| <input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding). | <input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u> | <input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u> | <input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u> |
| <input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment. | <input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment. | <input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment. | <input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment. |
| <input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u> | <input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u> | <input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u> | <input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u> |
| <input type="checkbox"/> Check if applicable Service has a designated Training Coordinator. | <input type="checkbox"/> Check if applicable Service has a designated Training Coordinator. | <input type="checkbox"/> Check if applicable Service has a designated Training Coordinator. | <input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator. |
| <input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database | <input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database | <input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database | <input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database |
| <input type="checkbox"/> Check if applicable Service plans to routinely respond (<u>defined as "available...24 hours per day, 7 days per week"</u>) when dispatched for all medical and traumatic emergencies within its primary response area. | <input type="checkbox"/> Check if applicable Routinely responds (<u>defined as "available...24 hours per day, 7 days per week"</u>) when dispatched for all medical and traumatic emergencies within its primary response area. | <input type="checkbox"/> Check if applicable Routinely responds (<u>defined as "available...24 hours per day, 7 days per week"</u>) when dispatched for all medical and traumatic emergencies within its primary response area. | <input checked="" type="checkbox"/> Check if applicable Routinely responds (<u>defined as "available...24 hours per day, 7 days per week"</u>) when dispatched for all medical and traumatic emergencies within its primary response area. |
| <input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols. | <input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols. | <input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols. | <input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols. |
| <input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations | <input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations | <input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations | <input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations |
| | | | <input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC. |

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary.)

| *Priority (Rank Order) | Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i> | Estimated Cost (\$) |
|---------------------------|--|------------------------|
|---------------------------|--|------------------------|

Repair and Maintenance:

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Training:

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Mileage & Per Diem:

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Supplies (Items Under \$500):

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****Capital Outlay (Items Over \$500):**

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Other Operational Costs:

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|----|------|--------|
| #1 | Fuel | 50,000 |
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|---------------------------------|---------------|
| TOTAL AMOUNT OF REQUEST: | 50,000 |
|---------------------------------|---------------|

* Do not make all items Priority No. 1.

** For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

1) Primary provider for inter-facility transfers of Santa Fe County residents going to
Specialty Facilities and Skilled Nursing Facilities

2) We transport approximately 200,000 miles per year on three units based in Santa Fe County.

SERVICE NAME: Rocky Mountain EMS

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Santa Fe

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)

Mayor OR Chairman, Board of Commissioners

Municipality Katherine Miller, Manager

County Per Resolution 2009-9

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

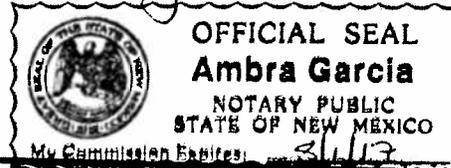
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

Katherine Miller
Signature of Official Named Above

Approved as to form
Santa Fe County Attorney
By: [Signature]
Date: 1/13/14
Title: County Attorney

The above was sworn and subscribed to before this 13 day of January, 2014.

Notary Public: Ambra Garcia



My commission expires: 8/1/17

PERSON COMPLETING FORM

Name: Bradley E. Little, Office Manager
Address: PO Box 65970, Albuquerque, NM 87193-5970
505-983-3573 (Work Phone), 505-314-3931 (Cellular Phone #), runningbearrescu@aol.com (E-mail Address)

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____
Approved: Yes No Final Award: _____
Comments/Problem: _____
Date Corrected: _____

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. **(Please indicate below the number of items "on hand")**

Front of Vehicle Cab or Optimal Location:

| Item Description | On Hand | Item Description | On Hand |
|---|---------|---|---------|
| Fire Extinguisher (2 lb) or (2 – 11lb) | 2 | Siren | 2 |
| Flashlight | 2 | Spare Tire | 2 |
| Fuses (appropriate sizes) | 0 | Star of Life Displayed | 6 |
| Jack and Handle | 2 | Tool Box | 1 |
| Lug Wrench | 2 | Triage Tags for MCI's | 1 |
| Maps or Navigational equipment | 1 | U.S. DOT Emergency Response Guidebook | 1 |
| Patient Care Reports or Reporting System | 1 | Vehicle Registration | 2 |
| Roadway warning devices | 2 | Vehicle Spotlight or auxiliary lighting | 2 |
| Service Specific Protocols and guidelines | 1 | Warning Lights | 2 |
| Other: <i>(Specify)</i> | | | |
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Communications Equipment

| Item Description | On Hand | Item Description | On Hand |
|-------------------------|---------|--------------------------------|---------|
| Dispatch Radio UHF/VHF | 0 | Spare Batteries/charger system | 0 |
| EMSCOM (UHF) Radio | 0 | | |
| Other: <i>(Specify)</i> | | | |
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Personal Protective Equipment

| Item Description | On Hand | Item Description | On Hand |
|--------------------------------|---------|--|---------|
| Exam Gloves | 8 box | Helmet with Face Shield | 0 |
| Eye Protection | 11 | N-95 mask (or > particulate mask) | 200 |
| Gloves (Leather or heavy duty) | 0 | Safety Vest/Jacket/(ANSI 2008 Compliant) | 1 |
| Hearing Protection | 0 | Splash Protection (disposable) | 50 |
| Other: <i>(Specify)</i> | | | |
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Diagnostic Equipment

| Item Description | On Hand | Item Description | On Hand |
|---|---------|-----------------------|---------|
| Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs | 6 | | |
| End Title CO2 monitoring device (optional) | 3 | Pulse Oximeter | 1 |
| Glucose Monitoring Instrument | 1 | Stethoscope | 3 |
| Penlights | 0 | Thermometer (Patient) | 0 |
| Other: (Specify) | | | |
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Patient Compartment Equipment – If Applicable (Interior or Exterior)

| Basic Level | | | |
|--|---------|--|---------|
| Item Description | On Hand | Item Description | On Hand |
| Adhesive Tape 1" and 2" | 10 | Oxygen Delivery Devices(Adult, Child and Infant Sizes) | 134 |
| Auto Ventilator Devices (ATV/MTV) | 3 | Oxygen Supply Tubing | 3 |
| Bag Valve Mask Devices (Adult, Child and Infant) | 60 | Patient Restraints | 5 |
| Band-Aids (Assorted Sizes) | 30 | Pediatric Drug Dosage Tape or chart | 2 |
| Biohazard Clean-up Supplies | 5 | Pediatric Restraint device/car seat | 2 |
| Biohazard Waste bags | 50 | Pillows | 5 |
| Blankets | 10 | Portable Oxygen Equipment | 3 |
| Body Bags | 0 | Portable Suction Unit | 8 |
| Cervical Collars - Rigid (Adult, Child and Infant) | 69 | Seated Spinal Immobilization Device | 1 |
| Cervical Immobilization Devices | 30 | Semi-Automatic Defibrillator with Pads | 2 |
| Chair Stretcher | 1 | Semi-Automatic Defibrillator Batteries | 8 |
| Cold Pack | 4 | Sharps Container | 25 |
| Cold Weather Warming Devices | 2 | Sheets | 20 |
| Dressings Assorted (4x4, Kerlex, 2x2, etc.) | 240 | Shoulder/chest/extremity straps | 18 |
| Emesis Basin | 24 | Spinal Immobilization device/backboard | 7 |
| Field Stretcher (Scoop, Collapsible, Vacuum) | 1 | Splints, Extremity (Rigid, Air, Vacuum) | 30 |
| Foil Blanket | 0 | Sterile Burn Sheets | 18 |
| Hand Sanitizer | 4 | Sterile Gloves (Assorted Sizes) | 1 |
| Heat Pack | 2 | Sterile Water | 2 |
| Inhalation Therapy Equipment | 48 | Stokes Basket | 0 |
| Installed Oxygen System | 2 | Suction Catheters (Soft & Rigid) | 70 |
| Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large) | 8 | Supraglottic Airway Devices | 6 |
| Long Backboard | 7 | Multi-lumen Airway Devices | 0 |
| Multi-level Stretcher | 4 | Laryngeal Airway Devices | 10 |
| Multi-Lumen Airways | 6 | Towels | 0 |
| Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord | 50 | Traction Splint | 2 |
| Nasopharyngeal Airways | 66 | Trauma Dressings | 40 |
| Occlusive Dressings | 8 | Trauma Shears | 3 |
| On-Board Suction System | 4 | Triangular Bandages | 20 |
| On-Board Oxygen Supply | 4 | Urinal (Male and Female) | 5 |
| Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult) | 80 | | |
| Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director | | | 2 |

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|---|-----|---|-----|
| Other: <i>(Specify)</i> | | | |
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| Advance Level | | | |
| Alcohol and Betadine Prep Pads | 150 | IV Fluid (Normal Saline, D5W, LR) | 1 |
| Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual) | 11 | Laryngoscope Blades – Adult | 20 |
| Chest Decompression Catheters | 0 | Laryngoscope Blades –Peds | 15 |
| Cricothyroidotomy Kit | 0 | Laryngoscope Handle | 6 |
| EKG Monitor Pads | 100 | Magill Forceps | 2 |
| Electrode Defib Pads | 8 | Needles (Assorted Gauges) | 64 |
| End Tidal CO2 Detector | 3 | Pediatric Fluid Control Device | 20 |
| Endotracheal Tubes (Assorted) | 50 | Scalpels | 4 |
| Ext. Cardiac Pacing Pads | 2 | Syringes (1cc, 3cc, 5cc, 10cc) | 167 |
| Infusion Pumps | 2 | Toomey Syringe (60cc) | 2 |
| Inhalation Therapy Equipment | 48 | Tubes, Blood Drawing (Assorted Sizes and Types) | 20 |
| Intraosseous Needles | 3 | Tubing, IV Administration (60gtts) | 149 |
| IV Catheters | 13 | Tubing, IV Administration Set (10gtts – 20gtts) | 27 |
| Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director | | | |
| Other: <i>(Specify)</i> | | | |
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RECORD OF ANNUAL INSPECTION

(49 CFR, 396.17-23)

Prepare Separate Report for Each Vehicle Inspected

DATE

5-22-13

D0212186

#53

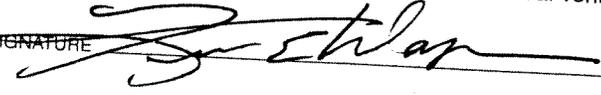
| | | | |
|---|--------------------|--|--|
| COMPANY NAME Rocky Mtn EMS | | VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY | |
| STREET ADDRESS 1660 Old Pecos Trail | | VEHICLE MAKE MODEL YEAR FORD Ambulance E350 | |
| CITY SANTA FE | STATE NM | ZIP 87505 | VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) 53 / 1R0KH30P6VHA 20757 |
| INSPECTOR'S NAME (Please Print) Kevin Waggoner / Kevin's Mobile SVC | | EMPLOYEE NO. | |

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

| | OK | REPAIR | | OK | REPAIR | | OK | REPAIR | | OK | REPAIR |
|---------------------|----|--------|-------------------|----|--------|--------------------|----|--------|-----------------------|----|--------|
| BRAKES | | | EXHAUST | | | STEERING | | | FRAME | | |
| Adjustment | ✓ | | Leaks | ✓ | | Adjustment | ✓ | | Members | ✓ | |
| Mechan. Compon. | ✓ | | Placement | ✓ | | Column/Gear | ✓ | | Clearance | ✓ | |
| Drum/Rotor | ✓ | | LIGHTING | | | Axle | ✓ | | TIRES | | |
| Hose/Tubing | ✓ | | Headlights | ✓ | | Linkage | ✓ | | Tread | ✓ | |
| Lining | ✓ | | Tail/Stop | ✓ | | Power Steering | ✓ | | Inflation | ✓ | |
| Low Air Warning | — | | Clearance/Marker | ✓ | | Other | | | Damage | ✓ | |
| Trailer Air Supply | — | | Identification | ✓ | | FUEL SYSTEM | | | Other | ✓ | |
| Compressor | — | | Reflectors | ✓ | | Tank(s) | ✓ | | | | |
| Parking Brakes | ✓ | | Other | | | Lines | ✓ | | WHEELS/RIM | | |
| Other | | | CAB/BODY | | | SUSPENSION | | | Fasteners | ✓ | |
| COUPLERS | | | Access | ✓ | | Springs | ✓ | | Disc/Spoke | ✓ | |
| Fifth-Wheel & Mount | | | Eqpt./Load Secure | ✓ | | Attachments | ✓ | | WINDSHIELD | ✓ | |
| Pin/Upper Plate | | | Tie-Downs | ✓ | | Sliders | ✓ | | WINDSHLD. WIP. | ✓ | |
| Hook/Eye | | | Headerboard | ✓ | | MIRRORS | ✓ | | | | |
| Safety Chain(s) | | | Other | | | | | | | | |

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE  DATE 5-22-13

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (221-SN) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT OR ELEMENTS AND IT IS RECOMMENDED THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

#52

RECORD OF ANNUAL INSPECTION

(49 CFR, 396.17-23)

DATE

5-22-13

Prepare Separate Report for Each Vehicle Inspected

D0212181

| | | | |
|---|--------------------|--|---------------------|
| COMPANY NAME Rocky mtn EMS | | VEHICLE TYPE <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> CONVERTER DOLLY | |
| STREET ADDRESS 1660 Old Pecos Trail | | VEHICLE MAKE Ford | |
| CITY Santa Fe | STATE NM | MODEL E350/ambulance | YEAR 1997 |
| ZIP 87505 | | VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN) 52 / 1FD0K30F8VHA20758 | |
| INSPECTOR'S NAME (Please Print) Kevin Wagner / Kevin's Mobile SVC | | EMPLOYEE NO. 1 | |

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Section 396, Appendix G)

| | OK | REPAIR | | OK | REPAIR | | OK | REPAIR | | OK | REPAIR |
|---------------------|----|--------|-------------------|----|--------|--------------------|----|--------|-----------------------|----|--------|
| BRAKES | | | EXHAUST | ✓ | | STEERING | | | FRAME | ✓ | |
| Adjustment | ✓ | | Leaks | ✓ | | Adjustment | ✓ | | Members | ✓ | |
| Mechan. Compon. | ✓ | | Placement | ✓ | | Column/Gear | ✓ | | Clearance | ✓ | |
| Drum/Rotor | ✓ | | LIGHTING | | | Axle | ✓ | | | | |
| Hose/Tubing | ✓ | | Headlights | ✓ | | Linkage | ✓ | | TIRES | | |
| Lining | ✓ | | Tail/Stop | ✓ | | Power Steering | ✓ | | Tread | ✓ | |
| Low Air Warning | — | | Clearance/Marker | ✓ | | Other | | | Inflation | ✓ | |
| Trailer Air Supply | — | | Identification | ✓ | | FUEL SYSTEM | | | Damage | ✓ | |
| Compressor | — | | Reflectors | ✓ | | Tank(s) | ✓ | | Other | ✓ | |
| Parking Brakes | ✓ | | Other | | | Lines | ✓ | | | | |
| Other | | | | | | | | | WHEELS/RIM | | |
| | | | CAB/BODY | | | SUSPENSION | | | Fasteners | ✓ | |
| COUPLERS | | | Access | ✓ | | Springs | ✓ | | Disc/Spoke | ✓ | |
| Fifth-Wheel & Mount | | | Eqpt./Load Secure | ✓ | | Attachments | ✓ | | | | |
| Pin/Upper Plate | | | Tie-Downs | ✓ | | Sliders | ✓ | | WINDSHIELD | ✓ | |
| Eye-Hook/Eye | | | Headerboard | ✓ | | | | | | | |
| Safety Chain(s) | | | Other | | | MIRRORS | ✓ | | WINDSHLD. WIP. | ✓ | |
| | | | | | | | | | | | |

REMARKS

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE

Kevin E. Wagner

DATE

5-22-13

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (221-SN) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT. THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

