

**STATE OF OREGON**  
**2022-2024**  
**Incident Resource Agreement - Radio Operators (RADO)**  
**Part B**  
**Additional Terms and Conditions**  
***Resource Information and Rate Sheet***

**General Description of Duties**

Responsible for receiving and transmitting radio and telephone messages between Incident personnel, providing dispatch **Services** at the Incident and documenting pertinent radio/phone traffic for the Incident.

**Rates of Payments**

**Daily Rate** payment shall be made based on a minimum of eight (8) hours of **On-Shift** work time per day, between 0001 and 2400 hrs. **On-Shift** work time under eight (8) hours shall be paid at half (1/2) the agreed upon **Daily Rate**.

**Radio Operator Standards, Qualification Requirements and Training**

- Shall have completed [ICS-100, Introduction to ICS and IS-700, NIMS](#) training
- Shall be trained/certified according to [NWCG Radio Operator Position](#) requirements.

**Exceptions**

RADOs personal transportation vehicles are exempt from driver/passenger door identification as specified in **Resource Standards, Vehicles** on Page 6, Part A of this Agreement.

RADOs are exempt from PPE and Radio requirements as listed in **Resource Standards, Personal Protective Equipment (PPE), Radios** on Pages 6-7, Part A of this Agreement.

## Resource Information & Rate Sheet

### RADIO OPERATORS

<b>Resource Provider / Company Name</b>		<b>Company Owner(s)</b>	
<b>Mailing / Payment Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email Address</b>	<b>Primary Contact</b>	<b>Position</b>	
<b>Primary Phone Number</b>	<b>Secondary Phone</b>	<b>Other</b>	

<b>Is the mailing address and the Point of Hire the same?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, then complete:			
<b>Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Are you willing to be dispatched out of your local geographic area? Please check one:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>**Please indicate the distance (in miles) you are willing to travel or list 'ANY':</b>	

**AUTHORIZATION:** The undersigned acknowledges, attests, and certifies individually and on behalf of the Resource Provider that the information contained herein is true, accurate and complete, and the required supplemental documentation is attached. Any falsification, omission, or concealment may subject to liability. The Resource Provider is bound by and shall comply with all provisions, terms, conditions, and requirements of this Agreement, including all Addendums, Attachments and Exhibits, and is authorized to perform Services in the state of Oregon. The Resource Provider acknowledges that company and Resource performance history, industry durability and rates offered may affect dispatch priority order of resources.

<b>Authorized Company Signature</b>	<b>Printed Name AND Title</b>	<b>Date</b>
<b>State Representative Signature</b>	<b>State Printed Name AND Title</b>	<b>Date</b>

<b>RADIO OPERATORS</b>	
<b>Name:</b>	<b>Daily Rate:</b>
<b>Name:</b>	<b>Daily Rate:</b>
<b>Name:</b>	<b>Daily Rate:</b>
<b>Name:</b>	<b>Daily Rate:</b>