



Mount Tolman Fire Center

P.O. Box 188, Keller, WA

TEL: (509) 634-3100, FAX: (509) 634-3149

Fire Prevention Office (509) 634-3188



SECTION 1 - REQUEST FOR WAIVER:

Please review the terms of the Forest Practice Handbook Codes 4-7-88, through 4-7-91 during request

Shutdown Zone: _____ Geographic location of Work: _____

(Map and directions to the site are required to process request)

Location of Work: _____ Lat: _____ Long: _____

(Township/Range/Section)

FPA# (If applicable): _____

Describe surface fuels in the work area: _____

_____ **General fuel types** _____

How steep is the slope % at the work site: _____ Aspect: N E S W flat (circle one)

Elevation _____

Person requesting this Waiver: _____ Date: _____

Phone number: _____ E-mail: _____

Contract Name/#: _____

Describe what type of work you would like to do, including time frame. Be detailed and include all information about work items that have potential to start fires (such as chainsaw operation, grinding, welding, motorized equipment/tools, excavating, brushing, driving off road, scraping rock, etc.)

Describe what of your proposed activities you believe will be impacted by IFPL restriction, and at what IFPL level, pursuant to current restrictions. Please include why you believe the activity must be allowed to occur during this period of elevated fire danger.

Describe what measures you will put in place to prevent fire starts or to immediately suppress and communicate any fires. Demonstrate why these measures will result in the operations being a fire safe activity in a low hazard area. (Examples could include: Fire tool kit, extinguishers, fire watch, fire engine, working on bare soils, fire fighters on stand-by, limited times of operation, dozer on standby, communication equipment, bladder bags, sprinklers, etc.)

SECTION 2 - WAIVER AUTHORIZATION:

(This section will be filled out by the Mount Tolman Fire Center)

Fire Management authorizes the work described subject to the following conditions and requirements:

Monitoring current National Weather Service alerts throughout the Closed Season. When the area of operation is under a National Weather Service red flag warning, this waiver is void and operator must comply with IFPL shutdown zone restrictions. Red flag warnings can be found at: <http://www.wrh.noaa.gov/firewx/main.php>

Individuals and/or the company acting under this waiver will be held responsible for any fires that may start as a result of these operations in accordance with federal and tribal codes.

This waiver is considered null and void if the above measures /criteria are not met.

This waiver may be rescinded at any time at the determination of the Department of Natural Resources.

Any fire starts must be reported to Mt. Tolman Fire Center immediately.

This waiver must be on site while working and you must notify Mt Tolman Fire Center dispatch when working on level III days.

Waiver is valid from: _____ through: _____

POINTS OF CONTACT FOR THIS CONDITIONAL WAIVER:

Mt. Tolman Dispatch Center Phone #: (509) 634-3100

To report a Wildfire call: 911 or (509) 634-3100

Primary Contact for Waiver: _____

Phone number: _____ **E-mail:** _____

Signatures for Operations:

(Contractor) **I agree to comply with the above conditions:**

_____ **Date:** _____

Name

Company Name and Title

(Contract Officer Representative) **Agreement with Terms and conditions:**

_____ **Date:** _____

Name

District and Title

(Fire Management) **Approval of waiver:**

_____ **Date:** _____

Name

Title

(Natural Resource Director) **Final Approval of waiver:**

_____ **Date:** _____

Name

Title