**A close up of a logo

Description automatically generated**MICHIGAN DEPARTMENT OF NATURAL RESOURCES

**EQUIPMENT CHECK-IN**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident Name** |  | | | **Incident Number (if known)** | | |  | |
| **Equipment Make** |  | | | **Equipment Model** | | |  | |
| **License Plate Number** |  | **Wheels Number** | |  | **Inventory Tag Number** | | |  |
| **Ownership** | **VTS** | | **State Owned** | | | **Rental/Contract/Other** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is there a trailer/lowboy with your equipment?** | | | **Yes** | **No** |
| **If yes, please fill out separate sheet for trailer/lowboy.** | | | | |
| **Does the equipment have lights for night operations?** | | | **Yes** | **No** |
| **Does the equipment have four-wheel drive?** | | | **Yes** | **No** |
| **Are there other implements available for your equipment?** | | | **Yes** | **No** |
| **If yes, please list:** |  | | | |
| **Is a CDL needed to operate this equipment?** | | | **Yes** | **No** |
| **If yes, which type?** | **Class A** | **Class B** | **Class C** | **Endorsements** |

|  |  |  |  |
| --- | --- | --- | --- |
| **For Heavy Equipment (if applicable)** | | | |
| **Horsepower** |  | **Bucket/Load Capacity (Cu. Yds or Lbs.)** |  |
| **G.V.W.R. (Trucks/Trailers)** |  | **Water Tank Capacity** |  |

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| --- | --- | --- | --- | --- | --- |
| **Operator Information** | | | | | |
| **Primary Operator** |  | | **Number of Personnel** | |  |
| **Travel Start** | **Date** | **Time** | | **Location** | |
| **Home Unit/Vendor** |  | | **SIGMA Unit Number** | |  |
| **Home Unit Address** |  | | | | |
| **Unit Phone Number** |  | | **Cell Number** | |  |
| **Work Email** |  | | | | |
| **Direct Supervisor** |  | | **Administrative Support** | |  |
| **Check-In** | **Date** | **Time** | | **Location** | |
| **Demobilization** | **Date** | **Time** | | **Location** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Operator’s Signature** |  | **Date** |  |

**Official Use Only**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Government Officer’s Signature** | | |  | | | | **Date** | |  | |
| **Entered** | Init: | Date: | **Audited** | Init: | Date: | **Submitted** | | Init: | | Date: |