****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** |       |

|  |
| --- |
| **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:  |