

2021 VIPR SOLICITATION  
TECHNICAL QUOTE CHECKLIST  
INSTRUCTIONS

**INSTRUCTIONS FOR COMPLETING FORM**

The following instructions are intended to assist you in completing this form. There are two options to completing this form. The form has fillable sections to enter information on an electronic device OR you can print the form, complete it manually and scan all pages into a single PDF document.

OPTION 1: Electronic

Depending on your Internet browser, you may not be able to enter information in all the required fields. If this is the case, download and save the form and then open in a PDF reader application. Complete the form, be sure to add all required photos and then save as a single PDF document using the file naming convention described in Section E in the solicitation. Email the form to the email address also located in Section E in the solicitation. Submit 1 completed form per resource only.

OPTION 2: Manual

Print the form in its entirety and hand enter information in all the required fields. Combine completed form and all required pictures and save as a single PDF document using the file naming convention described in Section E in the solicitation. Email the form to the email address also located in Section E in the solicitation. Submit 1 completed form per resource only.

2021 VIPR SOLICITATION  
MULCHER/MASTICATOR-BOOM MOUNTED  
TECHNICAL QUOTE CHECKLIST

February 26, 2021

*“Submission of this check sheet does not constitute submission of a quote. Quotes must be submitted in VIPR.”*

**COMPANY/VENDOR NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EQUIPMENT MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_

**VIN #:** \_\_\_\_\_ **EQUIPMENT/UNIT I.D.** \_\_\_\_\_

**RESOURCE CATEGORY AND TYPE**

Mulcher/Masticator-Boom Mounted

Type 1: Min 160 hp and min operating weight 50,000 lbs

Type 2: Min 111 hp and min operating weight 30,000 lbs

Type 3: Min 81 hp and min operating weight 20,000 lbs

Type 4: Min 60 hp and min operating weight 15,000 lbs

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One (1) picture of resource VIN or serial number. Image must show entire VIN or serial number and all characters must be clearly shown and readable.

Two (2) pictures of the resource being offered. Each picture should include a view of the entire resource, as close as possible to fill the entire frame and clearly identify the equipment or resource. You must provide one (1) picture from the front left and one (1) picture from the right rear. Each picture shall include a complete view of the entire side of the resource. When viewed, the two pictures would provide a complete 360-degree view of the entire resource being offered.

Make and model of mulcher/masticator head. Include a picture clearly showing the entire head.

Complete and signed Vendor Equipment Certification Form.

2021 VIPR SOLICITATION  
TECHNICAL QUOTE  
REQUIRED PICTURES

February 26, 2021

**COMPANY/VENDOR NAME:** \_\_\_\_\_

**EQUIPMENT/UNIT I.D.** \_\_\_\_\_

This page is provided to attach pictures. Pictures may be submitted without using this page, however, it is recommended to include company/vendor name and equipment/unit ID with each picture.

Insert an image of the VIN below.

2021 VIPR SOLICITATION  
TECHNICAL QUOTE  
REQUIRED PICTURES

February 26, 2021

**COMPANY/VENDOR NAME:** \_\_\_\_\_

**EQUIPMENT/UNIT I.D.** \_\_\_\_\_

This page is provided to attach pictures. Pictures may be submitted without using this page, however, it is recommended to include company/vendor name and equipment/unit ID with each picture.

Insert an image below of the resource from the front left with a full view of the entire resource.

Insert an image below of the resource from the right rear with a full view of the entire resource.

2021 VIPR SOLICITATION  
MULCHER/MASTICATOR BOOM MOUNTED HEAD  
TECHNICAL QUOTE REQUIRED PICTURE

February 26, 2021

**COMPANY/VENDOR NAME:** \_\_\_\_\_

**EQUIPMENT/UNIT I.D.** \_\_\_\_\_

This page is provided to attach pictures. Pictures may be submitted without using this page, however, it is recommended to include company/vendor name and equipment/unit ID with each picture.

Insert an image of the entire mulcher/masticator head.

**EXHIBIT M – FORMS AND CHECKLISTS**  
**Miscellaneous Heavy Equipment**  
**Vendor Equipment Certification Form**

**Please check the appropriate item listed below that identifies the manufacturer's original intended use of the equipment being offered. If multiple pieces of the same type of equipment are offered under this solicitation, complete a separate Vendor Equipment Certification Form for each item.**

**Feller Buncher**

**Excavator**

**Purpose Built Strip Mulcher/Masticator**

**Purpose Built Boom Mounted Mulcher/Masticator**

**Skidder**

**Other \_\_\_\_\_ (describe machine type)**

**Equipment Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**VIN#:** \_\_\_\_\_ **EQUIPMENT/Unit I.D.** \_\_\_\_\_

I certify that the equipment listed above conforms to all original manufacturers design and safety standards, and meets all Federal, State and local OSHA rules and regulations required for the intended use of the equipment identified in the solicitation *Statement of Work*. The above equipment has all required original manufacturer installed screens and guarding (including ROPS, FOPS and OPS) to safely work in a logging/forest environment. The above equipment also has all additional manufacturer recommended safety equipment installed for the purpose in which the equipment is to be utilized under this agreement. In the event that the machines ROPS/FOPS or OPS has been altered or modified after the machine was delivered from the manufacturer, it is my responsibility to ensure that the integrity of the ROPS/FOPS or OPS has not been compromised and still meets all Federal, State and local OSHA Rules and Regulations. The requirements identified on this signed certification form does not relieve me of any other requirements identified in the equipment solicitation for which I am responding. The Government reserves the right to inspect and verify that the equipment meets all of the above requirements, and/or any additional required Federal, State and local rules and regulations at any time during the effective period of this agreement; however, it is the responsibility of the owner to ensure the equipment meets all safety and/or agreement requirements. In the event the above equipment becomes non-compliant with any of the OSHA Federal, State or local requirements after the agreement is awarded, I will notify the Government official in charge and either correct the deficiency or remove the equipment from service until the deficiency is corrected.

**Contractor Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_