



Idaho Peace Officer Standards and Training Receipt and Agreement for Equipment

Section I (to be completed by POST)

Equipment provided:

Description	Serial or License #	At time of Issue			At time of Return			User Fee per Day
		Condition	Mileage Out	Fuel Tank Level	Condition	Mileage In	Fuel Tank Level	

Condition Codes: E = Excellent, G = Good, F= Fair, P= Poor, U = Unusable
 Fuel Tank Level Codes: F = Full, 3Q = three quarters full, H = half full, 1Q = one quarter full

POST Representative completing this form: _____

Dates of Use: _____

Section II (To be completed by person receiving equipment)

Agency receiving equipment/responsible party: _____

_____ I hereby acknowledge the receipt of items listed above for the sole use of the agency named. I acknowledge that this equipment will be used as it is designed to be used and that the agency will exercise ordinary and responsible care thereof. I further acknowledge that any damaged or malfunctioning equipment will be reported to POST immediately.

_____ The agency named above acknowledges that POST will assess vehicle use fees of \$25 per vehicle, per day, and agrees to pay all fees upon receipt of invoice.

_____ The agency named above agrees to return all equipment listed on the date identified above. Equipment shall be returned in the same condition that it was received, and all vehicles must be returned with a full tank of fuel. If the equipment is damaged due to improper use while in the borrower's possession the responsible party agrees to repair or replace the equipment at their own expense. If any vehicle is returned without a full tank of fuel the agency will be assessed an additional \$30 user fee per vehicle.

_____ Users agree to use the POST tires for POST vehicles only.

_____ Users of POST equipment and facilities understand that they do so at their own risk and that any damage or injury resulting from such use is the sole liability of the user. Users will hold harmless the State of Idaho, its agents, or employees, jointly or severally, from any and all civil or criminal claims which might arise from the use of said equipment.

_____ I am authorized to sign this agreement and accept terms of this agreement on behalf of the agency listed above.

 Agency Representative Signature Date Printed Name Phone Number

Section III (to be completed upon return of equipment by person returning equipment)

Date Returned: _____

Equipment returned in acceptable condition: Yes No

Fuel tanks full for each vehicle used: Yes No

Agency Representative Signature Date

Printed Name (_____) Phone number

Section IV (to be completed upon return of equipment by POST staff)

Equipment returned in acceptable condition: Yes No

Fuel tanks full for each vehicle used: Yes No

Remarks:

POST Representative Signature Date

Printed Name