**HEAVY EQUIPMENT USAGE FORM**

**Name:** ____________________________  **Date:** ____________________________

**Physical Address:** ____________________________  **Phone Number:** ____________________________

**Date & Time to be used:** ____________________________

**Type of Equipment Requested:** ____________________________

<table>
<thead>
<tr>
<th>EQUIPMENT(S)</th>
<th>REGISTERED FORT DEFIANCE CHAPTER MEMBER</th>
<th>NON-REGISTERED FORT DEFIANCE CHAPTER MEMBER</th>
<th>BUSINESS CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Backhoe</td>
<td>$50.00 p/h x 6% = $53.00</td>
<td>$70.00 p/h x 6% = $73.50</td>
<td>$80.00 p/h x 6% = $84.00</td>
</tr>
<tr>
<td>Motor Grader</td>
<td>$60.00 p/h x 6% = $63.60</td>
<td>$75.00 p/h x 6% = $78.75</td>
<td>$90.00 p/h x 6% = $94.50</td>
</tr>
<tr>
<td>Farm Tractor</td>
<td>$30.00 p/h x 6% = $31.80</td>
<td>$45.00 p/h x 6% = $47.25</td>
<td>$60.00 p/h x 6% = $63.00</td>
</tr>
</tbody>
</table>

_____ Backhoe  _____ Farm Tractor  Census #: ____________________________

_____ Motor Grader  

**Indicate the type of service to be performed with the equipment requested:**

_____ Burial/Location: ____________________________

_____ Homesite Leveling (Attach copy of Homesite lease)  

_____ Farm Plot  _____ acre(s)  

_____ Road Improvement

_____ Construction

_____ Other ____________________________

*FDC does not dig trash pit. Need consent from Navajo Nation EPA.*

**FORT DEFIANCE CHAPTER EQUIPMENT REQUIREMENTS:**

1. The Fort Defiance Chapter will provide the equipment operator.
2. You must have a valid Home-site, grazing and land use permits to eliminate any and all disputes.
3. All services are charged by the hour commencing at the project site(s). Any additional hour(s) that is needed to complete the Project(s), payment has to be made first.

**Signature:** ____________________________  **Date:** ____________________________

**PLEASE MAKE ALL MONEY ORDERS PAYABLE TO:**

FORT DEFIANCE CHAPTER
P.O. BOX 366
FORT DEFIANCE, AZ  86504

**For Chapter Use Only**

Approved By: ____________________________  **Date:** ____________________________

Receipt No: ____________________________  **Amount Paid:** ____________________________  **Date Paid:** ____________________________

Money Order No: ____________________________  **Date Completed:** ____________________________

*Chapter Manager will approve / disapprove before the Service(s)*

*Please draw a map to the location of the project on the back*