The completed form E 67B should be submitted to the construction staff office by e mail to dot-construction@wyo.gov. The subject line of the email should read "Rental Rate". Complete one form for each piece of equipment except attachments.

Please indicate with an "NA" for items not applicable. Submit pictures of the equipment if needed.

Print and retain one copy in the project files when submitting the form for a determination.

After a rate determination has been made, an electronic version will be returned to the individual sending the original e mail and the Resident Engineer.

Items needed for proper ratings:

Horsepower: This is required for pickups & off-road equipment. If horsepower is not provided, the lowest horsepower rating for that type of equipment will be used.

Fuel Type: This is required for pickups & off-road equipment.

Type of Cab for Pickups: Either regular cab or crew cab. It will be rated as a regular cab unless otherwise indicated.

Type of drive for Pickups: Either a 4x2 or 4x4. It will be rated as a 4x2 unless otherwise indicated.

Off-road Equipment Type: Loader, Excavator, Backhoe, and so forth

Off-road Equipment Manufacturer: Required for off-road equipment. Rating uses manufacturer first, then by model second.

Off-road Type of cab: Either Enclosed Roll Over Protective Structure (EROPS) or Roll Over Protective Structure (ROPS). It will be rated as a ROPS unless otherwise indicated.

Bucket Capacity: Please provide for loader, excavator, backhoe etc. Please indicate in CY not dimensions of bucket.

Backhoe Type: Either "fixed" or "extendable" boom. It will be rated as "fixed" unless otherwise indicated. Provide drive type under "Equipment or Truck Drive Type. It will be rated as a 4x2 unless otherwise indicated.

Equipment or Truck Drive Type: i.e.: 4x2, 4x4, 6x4, etc. The first numeral is a count of all the wheels on a truck or semi- tractor. Dual wheel arrangements are counted as one wheel. The second numeral is a count of only the wheels that are driven by engine power. Please provide Gross Vehicle Weight (GVW) of truck or semi- tractor.

Trailers: Provide hitch type of trailer: i.e. bumper, gooseneck, 5th wheel, folding, etc. Be descriptive with trailers, type, length, number of axles, number of tires, capacity. Indicate what is pulling it.

DETERMINATION COMPILED BY:

FORM E-67B (Rev. 8-15)

	EQU	IPMENT RENT	AL RATE REC	QUEST		
General Information) :					
	Resident Engineer:	ent Engineer:			Date:	
Contractor:						
			Horsepower:			
Pickup Specifics:					-	
<i>Manufacturer:</i> (Ford, Ch	evrolet, and so fo	orth)	Drive Tvpe: ((Check one)		() 4x4
Cab Type: (Check one)		Regular Cab		, ,	<u> </u>	O
Size: (Check one)	•	•	∩1 ton	○ other:		
Bed Type: (Check one)	<u> </u>	•	•	•	other:	
Equipment Specifics	:					
Type: (Tractor, Backhoe,		ader, Generator, and	so forth)			
Manufacturer: (Peterbui						
Cab Type: (Check one)		over Protective Struct				
Frame Type: (Check one	•		•			
Operating Weight: GVW	•	_				
Boom Type: (Check one)) Exten	dable				
Semi-Tractors & True	cks:					
Drive Type (Check one)	○4x2 ○4x4	○6x4 ○6x6 ○	8x4 Max GVW	:	Capacity: (CY)	
Trailers:						
Hitch type: (Bumper, Go	oseneck, 5 th whe	el, Folding, and so for	rth)			
Type: (Tilt, Non tilt, Drop	o, Water Tank, Re	ar, Bottom or Side Du	mp, and so forth)			
Trailer Length:	Trailer Ca	ıpacity:	_ Number of Axle	25:	Number of Tires: _	
Tank Capacity: Pump Capa		Pump Capacity:	Νι		ımber of Gates:	
Extras:						
Compactors: Drum Width:		Compactor Drum T	vpe: (Check one)	Smooth	O Pad foot	
Aerial Lifts & Forklifts : Typ	pe:	Lift Capac	ity:	Boom Length:		
Welders, Generators & Moto	ors: Type: (Check	one) Open	Enclosed	Oother:		
RPM: Vo	oltage:	Watts:				
Please Describe Addition	nal Equipment o	r Attachments:				
	ADEA EU I	ADI E DV WYDOT CO	MCTDUCTION CO	TAFE ONLY		
Ren	AREA FILLABLE BY WYDOT C ntal Rate Attac		nment 1			
Operation	ng Rate		al Rate		ental Rate	
Total Hourly Ren	tal Rate		ing Rate		erating Rate	
		Tot	al Rate	Ţ	Total Rate	