

APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

1. SERVICE IDENTIFICATION:

BUSINESS/CORPORATE NAME OF RESCUE SERVICE

IDENTIFYING NAME OF RESCUE SERVICE

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS (*must be supplied*):

(STREET, RD, ROUTE, ETC.)

CITY

STATE

ZIP CODE + 4

MAILING ADDRESS OF RESCUE SERVICE: (*must be supplied*):

(STREET, P.O BOX, R.D., ROUTE, ETC.)

CITY

STATE

ZIP CODE +4

DAYLIGHT CONTACT PERSON: _____

BUSINESS TELEPHONE: (_____) _____

Physical address locations of any substations, other than headquarters, where vehicles are stationed full-time (if applicable):

a. _____
(STREET, R.D., ROUTE, ETC.)

CITY

STATE

ZIP CODE +4

b. _____
(STREET, R.D., ROUTE, ETC.)

CITY

STATE

ZIP CODE +4

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

Principal Official: (Administrative)

(PLEASE PRINT)

TITLE

TELEPHONE

2. SERVICE CLASSIFICATION: (check all that apply)

Type of Organization

<input type="checkbox"/>	INDUSTRY
<input type="checkbox"/>	NON-PROFIT
<input type="checkbox"/>	FOR PROFIT
<input type="checkbox"/>	CAREER
<input type="checkbox"/>	VOLUNTEER

<input type="checkbox"/>	FIRE SERVICE
<input type="checkbox"/>	EMS
<input type="checkbox"/>	POLICE
<input type="checkbox"/>	GOVERNMENT
<input type="checkbox"/>	OTHER _____

ARE YOU QRS AFFILIATED AND/OR RECOGNIZED? YES NO

3. TYPE AND LEVEL OF SERVICE:

- Vehicle and Machinery Basic Operations Advanced
- Swiftwater Type 1a Type 2a Type 3a Type 4a Flood Evacuation

Primary Service Areas

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

4. Dispatch Procedures:

b. Method of Dispatch For Emergency Calls

- Providers Headquarters
- County 9-1-1 Center
- Municipal 9-1-1 Center
- Police Department
- Other (explain)

5. VERIFICATION OF INFORMATION:

I, _____ have reviewed this application and all of the information
 (Name of Principal Official)
 contained herein, or submitted separately in support of the application, and verify that the information is accurate and complete.

Signature of Principal Official

Date

NOTE: 18 Pa. C.S. Section 4904 provides that it shall be a crime to make written, false statement, or to submit any document which is false, to a public servant and, upon conviction, shall be punishable by imprisonment, the maximum of which is not more than two (2) years, and a fine not to exceed \$5,000.