



ROAD RESCUE SERVICE PROVIDER REGISTRATION FORM

(Please Print)

ORGANIZATION INFORMATION			
Name of Road Rescue Service Provider:			
Street Address:		Mailing Address (if different):	
City:		Province:	Postal Code:
Contact Name(s):	Phone: (    )	Email:	
	(    )		
	(    )		
Does your organization's training meet the intent of the current NFPA standards on operations and training for technical rescue incidents?			<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ORGANIZATION IS A FIRE DEPARTMENT:	
Does your fire department have permission, in the form of a bylaw, to respond outside your jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached a map of your response area (required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ORGANIZATION IS A ROAD RESCUE OR SEARCH AND RESCUE SOCIETY:	
Does your organization have comprehensive liability insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached a map showing areas covered by service agreement(s) with local government(s), if applicable (required)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Authorized signature</i>	<i>Date</i>
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