



## ROAD RESCUE SERVICE PROVIDER REGISTRATION FORM

### 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?

☐ Yes

☐ No

### IF ORGANIZATION IS A FIRE DEPARTMENT:

Does your fire department have permission, in the form of a bylaw, to respond outside your jurisdiction?

☐ Yes

☐ No

Have you attached a map of your response area (required)?

☐ Yes

☐ No

### IF ORGANIZATION IS A ROAD RESCUE OR SEARCH AND RESCUE SOCIETY:

Does your organization have comprehensive liability insurance coverage?

☐ Yes

☐ No

Have you attached a map showing areas covered by service agreement(s) with local government(s), if applicable (required)?

☐ Yes

☐ No

Authorized signature

Date