



2.07 ROAD RESCUE SERVICE PROVIDER REGISTRATION FORM

2.07.1 RELATED DOCUMENTS

- 2.07 Road and Medical Rescue Policy
- 2.07 Road and Medical Rescue Procedures
- 2.07 Road and Medical Rescue FAQs
- 2.07 Road and Medical Rescue Reimbursement Schedule
- Road Rescue Service Provider Registration Form

2.07.2 INSTRUCTION FOR THE FORM FIELDS

- (1) The name of the fire department, road rescue society, or search and rescue group.
- (2) The street address for the department, society, or group.
- (3) The mailing address for the department, society, or group if different from the street address.
- (4) The community the department, society, or group is located in.
- (5) The province the department, society, or group is located in.
- (6) The postal code for the department, society, or group.
- (7) Primary contact for the department, society, or group.
- (8) Secondary contact for the department, society, or group.
- (9) Additional contact for the department, society, or group if desired.
- (10) The department, society, or group must indicate that the training they do meets the intent of the current NFPA standards for operations and training for technical rescue incidents.
- (11) Fire departments complete section (11a) and (11b). **Do not complete this section if your organization is not a fire department.**
- (12) Road rescue or search and rescue societies complete section (12a) and (12b). **Do not complete this section if your organization is a fire department.**
- (13) Signature of person authorized to sign for the department, society, or group.
- (14) Date form was signed.



2.07 INSTRUCTIONS

Created: 2018 OCT 30

Revised:



ROAD RESCUE SERVICE PROVIDER REGISTRATION FORM

(Please Print)

ORGANIZATION INFORMATION			
Name of Road Rescue Service Provider:			
(1)			
Street Address:		Mailing Address (if different):	
(2)		(3)	
City:		Province:	Postal Code:
(4)		(5)	(6)
Contact Name(s):	Phone:	Email:	
(7a)	() (7b)	(7c)	
(8a)	() (8b)	(8c)	
(9a)	() (9b)	(9c)	
Does your organization's training meet the intent of the current NFPA standards on operations and training for technical rescue incidents? (10) <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? (11a) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attached a map of your response area (required)? (11b) <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? (12a) <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)? (12b) <input type="checkbox"/> Yes <input type="checkbox"/> No	

(13) Authorized signature	(14) Date
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