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.
## 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?  

### IF ORGANIZATION IS A FIRE DEPARTMENT:

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

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

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

Does your organization have comprehensive liability insurance coverage?  

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

Authorized signature  

Date

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2.07 ROAD RESCUE SERVICE PROVIDER REGISTRATION FORM INSTRUCTIONS