



2.10 CLASS 'D' FIXED LINE HUMAN EXTERNAL CARGO SEARCH AND RESCUE CLASS D FIXED LINE (CDFL) APPLICATION

PART I - Contact Information

SAR SOCIETY / GROUP INFORMATION

NAME: _____

ADDRESS: _____

Street

City

Postal Code

PHONE: _____

FAX: _____

EMAIL: _____

SAR GROUP LEADER INFORMATION (President and/or group leader, the applicant)

NAME: _____

ADDRESS: _____

Street

City

Postal Code

PHONE: _____

FAX: _____

EMAIL: _____

Signature

PART II - Local Agency Endorsements

Police Detachment Commander Recommendation

I, _____ of the _____ Detachment support the application of the Group indicated in Part I.

Signature

Date

BC Ambulance Unit Chief Recommendation

I, _____ of the British Columbia Ambulance Service, support the support the application of the Group indicated in Part I.

Signature

Date



PART III – Additional Optional Endorsements

Local Emergency Program Coordinator’s Recommendation

I, _____ of the _____ Emergency Program, support the application of the Group indicated in Part I and when qualified they will be used as and when required by our organization.

Signature

Date

Please attach any additional letter(s) of support:

- From: _____
- From: _____
- From: _____
- From: _____

Please attach the following documents:

- A copy of your organization’s proposed CDFL standard operating guidelines.
- A copy of your organization’s proposed CDFL standard operating guidelines.
- A list of your current membership and their training qualifications.
- A completed operational needs assessment form.

After Parts I, II and III are completed, forward the application and attachments to the EMBC Regional Office.



FOR INTERNAL EMBC USE

PART IV – Regional Endorsement

BCSARA Regional Director’s Recommendation

I, _____ of the British Columbia Search and Rescue Association, support the application of the Group indicated in Part 1 and when qualified, will be included in the activities supported by our organization.

Signature *Date*

EMBC Regional Manager’s Recommendation

I, _____ of Emergency Management British Columbia (EMBC), support the application of the Group indicated in Part I and when qualified, they will be utilized as and when required by our organization.

Signature *Date*

After Part IV is completed, forward the application and attachments to EMBC Headquarters.

PART V – Provincial Endorsement

BCSARA President’s Recommendation

I, _____ of the British Columbia Search and Rescue Association, support the application of the Group indicated in Part I and when qualified, will be included in the activities supported by our organization.

Signature *Date*

EMBC SAR Specialist’s Recommendation

I, _____ of Emergency Management British Columbia (EMBC), support the application of the Group indicated in Part I and when qualified, they will be utilized as and when required by our organization.

Signature *Date*