# APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

1. **Service Identification:**

<table>
<thead>
<tr>
<th>BUSINESS/CORPORATE NAME OF RESCUE SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDENTIFYING NAME OF RESCUE SERVICE</td>
</tr>
</tbody>
</table>

**Physical Location of Rescue Service Headquarters (must be supplied):**

<table>
<thead>
<tr>
<th>STREET, RD, ROUTE, ETC.</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE + 4</th>
</tr>
</thead>
</table>

**Mailing Address of Rescue Service: (must be supplied):**

<table>
<thead>
<tr>
<th>STREET, P.O BOX, R.D., ROUTE, ETC.</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE + 4</th>
</tr>
</thead>
</table>

**Daylight contact person:**


**Business Telephone:** (______) ____________________________

Physical address locations of any substations, other than headquarters, where vehicles are stationed full-time (if applicable):

a. | STREET, R.D., ROUTE, ETC. | CITY | STATE | ZIP CODE + 4 |
   |-------------------------|------|-------|--------------|

b. | STREET, R.D., ROUTE, ETC. | CITY | STATE | ZIP CODE + 4 |
   |-------------------------|------|-------|--------------|

(Attach additional sheets, if necessary)
Principal Official: (Administrative)

(PLEASE PRINT)

TITLE

TELEPHONE

2. SERVICE CLASSIFICATION: (check all that apply)

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>FIRE SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDUSTRY</td>
<td>EMS</td>
</tr>
<tr>
<td>NON-PROFIT</td>
<td>POLICE</td>
</tr>
<tr>
<td>FOR PROFIT</td>
<td>GOVERNMENT</td>
</tr>
<tr>
<td>CAREER</td>
<td>OTHER_________</td>
</tr>
<tr>
<td>VOLUNTEER</td>
<td></td>
</tr>
</tbody>
</table>

ARE YOU QRS AFFILIATED AND/OR RECOGNIZED?  □ YES  □ NO

3. TYPE AND LEVEL OF SERVICE:

- Vehicle and Machinery  □ Basic  □ Operations  □ Advanced
- Swiftwater  □ Type 1a  □ Type 2a  □ Type 3a  □ Type 4a  □ Flood Evacuation

Primary Service Areas

1. _____________________________  4. _____________________________
2. _____________________________  5. _____________________________
3. _____________________________  6. _____________________________

4. Dispatch Procedures:

b. Method of Dispatch For Emergency Calls
   □ Providers Headquarters
   □ County 9-1-1 Center
   □ Municipal 9-1-1 Center
   □ Police Department
   □ Other (explain)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

5. VERIFICATION OF INFORMATION:

I, __________________________________________ have reviewed this application and all of the information
(Name of Principal Official)
contained herein, or submitted separately in support of the application, and verify that the information is accurate and complete.

___________________________  ________________________
Signature of Principal Official  Date

NOTE: 18 Pa. C.S. Section 4904 provides that it shall be a crime to make written, false statement, or to submit any document which is false, to a
public servant and, upon conviction, shall be punishable by imprisonment, the maximum of which is not more than two (2) years, and a fine not to
exceed $5,000.