

## **Application for Registration as a Fire Department or Emergency Services Provider under the Municipal Government Act**

Municipal Unit: \_\_\_\_\_  
Department Name: \_\_\_\_\_  
Contact/Address: \_\_\_\_\_  
Incorporated body under: \_\_\_\_\_  
Required Insurance Held: \_\_\_\_\_  
Communities or area protected by this registration: \_\_\_\_\_

Please indicate the service that the department will endeavour to provide and the level of service by placing an X in the appropriate box.

		<b>Structural</b>		<b>Defensive</b>	<b>N/A</b>
1.	<b>Fire and Fire Related Emergencies</b>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<b>Registered First Responder</b>	<b>Medical Assistance</b>	
2.	<b>Medical Emergencies</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Technician</b>	<b>Operational</b>	<b>Awareness</b>	
3.	<b>Vehicle Rescue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>Water Rescue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>Ice Rescue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<b>Structural /Excavation Collapse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<b>High Angle Rescue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **Hazardous Materials**

**Provider**

**Assistance**

9. **Ground Search and Rescue**

10. **Other:** Man made and natural disasters for which the service has the training, equipment and command system to undertake.

**Please refer to the "Evaluation of Services Provided and Level of Service" Information attached, in answering the following questions:**

11. Are there limits on the level of service that will be provided in respect to any of the services checked above? If so, please indicate:

12. Does the department have the equipment to perform the services checked above?

13. Does the department have the training or experience necessary to perform the services checked above?

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Representative  
Signature of Related Body Representative  
(such as rural fire district, Town, village, if applicable)

\_\_\_\_\_  
Signature of Municipal Representative

**Please note:** Explanation of the terminology used in this registration form is provided in the attached message from the Fire Marshal (Addendum "B"). To register, a department must be incorporated and hold any valid liability insurance that is required by municipal policy. The department must operate on a not-for-profit basis. The registration does not make the department an agent of the municipality. This registration may be modified by notifying the municipality thirty days in advance. The municipality may revoke this registration for cause.