



## APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

### 1. SERVICE IDENTIFICATION:

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BUSINESS/CORPORATE NAME OF RESCUE SERVICE

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IDENTIFYING NAME OF RESCUE SERVICE

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS (*must be supplied*):

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(STREET, RD, ROUTE, ETC.)

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CITY

STATE

ZIP CODE + 4

MAILING ADDRESS OF RESCUE SERVICE: (*must be supplied*):

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(STREET, P.O BOX, R.D., ROUTE, ETC.)

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CITY

STATE

ZIP CODE +4

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.)

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CITY

STATE

ZIP CODE +4

b. \_\_\_\_\_  
(STREET, R.D., ROUTE, ETC.)

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CITY

STATE

ZIP CODE +4

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

Principal Official: (Administrative)

(PLEASE PRINT)

TITLE

TELEPHONE

2. SERVICE CLASSIFICATION: (check all that apply)

**Type of Organization**

<input type="checkbox"/>	INDUSTRY
<input type="checkbox"/>	NON-PROFIT
<input type="checkbox"/>	FOR PROFIT
<input type="checkbox"/>	CAREER
<input type="checkbox"/>	VOLUNTEER

<input type="checkbox"/>	FIRE SERVICE
<input type="checkbox"/>	EMS
<input type="checkbox"/>	POLICE
<input type="checkbox"/>	GOVERNMENT
<input type="checkbox"/>	OTHER _____

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.