



YORK COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR NEW FIRE/EMS UNIT or UPDATE OF EXISTING UNIT

Organization Name:						
Address:						
City:			State:		Zip:	
Base Municipality:				Station Number:		
FDID (NFIRS):		EMS Affiliate Number (DOH):				

Fire or EMS Chief:	Name:		Contact #:	
	Title:		Email:	

Company President, Elected Official, or Municipal Manager:	Name:		Contact #:	
	Title:		Email:	

This is a (Check One):

Requested Designation:		New Unit:	
		Change Unit Radio ID for Existing Unit:	
		Replacement Vehicle (with same Unit ID):	
		New/Add Auxiliary Unit Type Request:	

Unit Type / Auxiliary Unit Types: <small>(Check all that Apply)</small>		<i>(Must meet the requirements established by the York County Fire Chiefs and Firefighters Association for each selection checked. For EMS Units, must provide a copy of current PA DOH License.)</i>					
Engine		Truck		Tanker		Brush	
Rescue		Heavy Rescue		Air		RIT	
ALS (Transport)		ALS (Squad)		BLS (Transport)		BLS (Squad)	

Vehicle Information:			
Year: _____	Make: _____	Model: _____	Body Mfg.: _____
Plate #: _____	VIN: _____		Seats _____ Personnel _____
Pump: _____ GPM	Water Tank: _____ GAL	"A" Foam : _____ GAL	"B" Foam : _____ GAL
Generator: _____ KW	Aerial Height: _____ FT	Total Length of Ground Ladders Carried: _____ FT	
Dump Valve Size: _____ Inch	# Cascade Banks: _____	Attack Hose: _____ FT	Supply Hose: _____ FT

Additional Comments:

Department Authorization

I certify that the information contained in this application is correct to the best of my knowledge and shall be subject to verification by members of one or more applicable committees. Our organization agrees to operate under the rules and policies set forth by the York County Public Safety Advisory Board.

_____ *Printed Name & Title of Authorized Official*

_____ *Signature of Authorized Official*

_____ *Date*

FOR COMMITTEE USE:	
Assigned Designation: _____	Applicant Notified By: _____
Approval Date: _____	Date/Method Notified: _____
Comments/Conditions: _____	

