



York County Fire Chiefs & FFs Assn / York Count Dept. of Emergeny Services

Fire Unit Radio ID Application



This form is to be used to request a new fire unit designation, add or remove auxiliary unit types in CAD , and to update information when a unit is replaced.

Organization Name:							
Address:							
City:		State:		Zip:			
Base Municipality:		Station Number:					
Fire Chief:	Name:				Contact #:		
	Title:				Email:		
Company President, Elected Official, or Municipal Manager:	Name:				Contact #:		
	Title:				Email:		
Requested Designation:				<i>This is a (Check One Box)</i>	New Unit:		
<i>Unit must meet the requirements established by the York County Fire Chiefs and Firefighters Association for each selection checked. Unit must be inspected by the Apparatus Standards Committee prior to final approval.</i>				Change in Unit Radio ID for Existing Unit:			
				Replacement Vehicle (with same Unit ID):			
				New/Add Auxiliary Unit Type Request:			
Unit Type / Auxiliary Unit Types:		<i>(Check all that apply)</i>					
Air	<input type="checkbox"/>	Attack	<input type="checkbox"/>	Brush	<input type="checkbox"/>	Engine	<input type="checkbox"/>
Foam	<input type="checkbox"/>	Rehab	<input type="checkbox"/>	Rescue	<input type="checkbox"/>	Heavy Rescue	<input type="checkbox"/>
RIT	<input type="checkbox"/>	SCUBA	<input type="checkbox"/>	Tanker	<input type="checkbox"/>	Traffic	<input type="checkbox"/>
Truck	<input type="checkbox"/>	Utility	<input type="checkbox"/>	Water Rescue Vehicle	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>
Vehicle Information:							
Year:	Make:		Model:		Body Mfr.:		
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 Application Information and Comments:

Four horizontal lines for providing additional application information and 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

York County Fire Chiefs and Firefighters Association Approval

Unit Inspection by YCFCA: **Pass** **Fail** **N/A** Inspection Date: _____
Apparatus Committee Comments: _____

Apparatus Committee Signature: _____

York County Fire & EMS Radio Workgroup Approval (if required)

If application is for a new Unit ID and/or a change in Unit/Auxiliary Unit Type, application must be approved by the Fire & EMS Radio Workgroup.

Fire & EMS Workgroup Approval? **Yes** **No** Approval Date: _____
Workgroup Comments: _____

Workgroup Signature: _____