



FIRE DEPARTMENT / EMS SUPPLEMENTAL APPLICATION

Entity Name	Date
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Paid Fire Department to be included in quote? ☐ Yes ☐ No

Volunteer Fire Department to be included in quote? ☐ Yes ☐ No

1. Fire Department Personnel ☐ Regular # _____ ☐ Volunteer # _____
 - A. Are mutual aid agreements in place with neighboring communities? ☐ Yes ☐ No
 - B. SOP requires personnel to report to station for emergency responses? ☐ Yes ☐ No
 - C. SOP requires operation of vehicles with due regard through intersections? ☐ Yes ☐ No
 - D. Are Volunteers permitted to respond in personal vehicles to emergency scenes? ☐ Yes ☐ No
2. EMTs/Paramedics/EMTAs: ☐ Paid # _____ ☐ Volunteer # _____
3. Are high activity intersection Traffic Signals equipped with Emergency Vehicle Preemption and Transit Signal priority system (Opticom or similar)? ☐ Yes ☐ No
4. Fire/EMS Dispatch:
 - A. Does your department handle its own dispatch? ☐ Yes ☐ No
 If no, who handles dispatch? _____
 - B. Are incoming calls to dispatch recorded? ☐ Yes ☐ No
 - C. How long are tapes retained? _____
 - D. Are training/certification procedures in place? ☐ Yes ☐ No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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