

STRUCTURE PROTECTION DRAWDOWN

BCWS

EMBC

Request # _____

Task # _____

MINISTRY SECTION

COMPANY NAME: _____ EMAIL OR FAX # _____

BUSINESS LOCATION: _____

COMPANY CONTACT NAME: _____ PH# _____ CELL# _____

STRUCTURE PROTECTION CREW STRUCTURE PROTECTION TYPE II UNIT

ENGINE

TENDER

OTHER

STANDBY TERM: DATE/TIME FROM: _____ TO: _____

DEPLOYED TO INCIDENT #: _____ REQUIRED DATE/TIME: _____

ON-SITE CONTACT: _____ PHONE : _____

DIRECTIONS/COMMENTS: _____

REQUESTED BY: _____ PHONE: _____ EMAIL: _____

FIRE DEPARTMENT SECTION

Manifest(s) for Applicable Resources are attached.

Personnel manifest(s) and signed drawdown must be emailed to PWCC.SPULogs@gov.bc.ca with the resource request number listed within one hour (60 minutes) of receiving the request.

Invoices are to be submitted to the FOLLOWING:

<input type="checkbox"/>	Cariboo Fire Centre	3020 Airport Road, Williams Lake, BC V2G 5M1 – Attention: Accounts Payable Email to: CWSCariboo@gov.bc.ca
<input type="checkbox"/>	Coastal Fire Centre	665 Allsbrook Road, Parksville, BC V9P 2T3 – Attention: Accounts Payable Email to: CWSCoastal@gov.bc.ca
<input type="checkbox"/>	Kamloops Fire Centre	4000 Airport Road, Kamloops, BC V2B 7X2 – Attention: Accounts Payable Email to: CWSKamloops@gov.bc.ca
<input type="checkbox"/>	Northwest Fire Centre	Bag 5000, 3359 Victoria Drive, Smithers, BC V0J 2N0 – Attention: Accounts Payable Email to: CWSNorthwest@gov.bc.ca
<input type="checkbox"/>	Prince George Fire Centre	1011-4 th Avenue, Prince George, BC V2L 3H9 – Attention: Accounts Payable Email to: CWSPrinceGeorge@gov.bc.ca
<input type="checkbox"/>	Southeast Fire Centre	208 Hughes Road, Castlegar, BC V1N 4M5 – Attention: Accounts Payable Email to: CWSSoutheast@gov.bc.ca
<input type="checkbox"/>	PWCC – STANDBY Only	3080 Airport Road, Kamloops, BC V2B 7X2 – Attention: Accounts Payable Email to: CWSPWCC@gov.bc.ca
<input type="checkbox"/>	EMBC Requests OR Lost/Damaged Equipment	Email to: SPCO@gov.bc.ca

By signing below, I confirm the following;

Personnel and equipment being supplied meet the requirements of the Interagency Agreement. Personnel fatigue will be managed by myself and I confirm that I will provide adequate coverage that meets the Interagency requirements.

Fire Department Representative (Please print or type): _____

Fire Department Signature: _____

Ministry Representative (Please print or type): _____

Ministry Signature: _____