



DANGER TREE SERVICES DRAWDOWN FIRE CENTRE

Request # SO #

Phone: // Fax: // Email:

MINISTRY SECTION

COMPANY NAME: BUSINESS LOCATION:

COMPANY CONTACT NAME: PH# CELL#

COMPANY EMAIL: FAX #

APPLICABLE RESOURCES REQUESTED:

Table with 7 columns: Danger Tree Faller, Danger Tree Assessor, DTA/DTF, Faller Coordinator, Danger Tree Specialist, Additional 4x4 Vehicle

STANDBY DATES: TO STANDBY TIMES: HRS TO HRS

You will be contacted by 16:00 hours on the day prior to effect for cancellation or amendments to standby requirements. Unless advised, standby requirements will lapse at the end of the above noted period.

STAND DOWN - YOU ARE REQUESTED TO STAND DOWN THE ABOVE APPLICABLE RESOURCE(S) AS OF (24 HOUR CLOCK) (DATE)

DEPLOYED TO: INCIDENT NUMBER: SERVICES REQUESTED BY: REQUIRED DATE/TIME:

MAXIMUM END DATE FOR DRAWDOWN: (14 Work Days Max, not including travel days)

MINISTRY CONTACT/CALL SIGN: PH:

DIRECTION TO INCIDENT:

Comments: (Travel Instructions, Etc.) Contact at Fire Centre dispatch at or via radio upon dispatch and arrival at destination.

ORDER DATE/TIME:

Logistics Officer: Signature:

CONTRACTOR SECTION

IN THE EVENT THE CONTRACTOR, WITHOUT THE CONSENT OF THE MINISTRY, DOES NOT SUPPLY THE SERVICES DESCRIBED IN THE DRAW-DOWN, THE MINISTRY WILL BE AT LIBERTY TO SEEK ALL REMEDIES INCLUDING THOSE CONTEMPLATED UNDER THE STANDING OFFER.

- Checkboxes for insurance, certificates, and manifests.

By signing below, I confirm the following;

Per Personnel and equipment being supplied meet the requirements of the standing offer. Also, personnel's fatigue will be managed by me and I confirm that I will provide adequate coverage that meets the Drawdown requirements. I am aware there are remedies within the standing offer for non-compliance.

Contractor Representative (Please print or type): DATE TIME:

Contractor Signature: