

**DANGER TREE SERVICES DRAWDOWN** Request # \_\_\_\_\_  
**FIRE CENTRE** SO \_\_\_\_\_

Phone: \_\_\_\_\_ // Fax: \_\_\_\_\_ // Email: \_\_\_\_\_

**MINISTRY SECTION**

COMPANY NAME: \_\_\_\_\_ BUSINESS LOCATION: \_\_\_\_\_

COMPANY CONTACT NAME: \_\_\_\_\_ PH# \_\_\_\_\_ CELL# \_\_\_\_\_

COMPANY EMAIL: \_\_\_\_\_ FAX # \_\_\_\_\_

**APPLICABLE RESOURCES REQUESTED:**

Danger Tree Faller	Danger Tree Assessor	DTA/DTF	Faller Coordinator	Danger Tree Specialist	Additional 4x4 Vehicle
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 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.**

- If not previously submitted, valid CGL (FIN 173) and vehicle insurance (APV 47) are attached
- If not previously submitted, valid certificates and proof of experience documents for all supplied personnel are attached.
- Manifest(s) for Applicable Resources are attached. Please ensure call signs are submitted on Personnel Manifest. **Personnel manifest(s) must be faxed or emailed only when Personnel Changes are made or submitted the day prior while on standby or assigned to a fire.**

**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: \_\_\_\_\_