

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: _____