



DANGER TREE SERVICES DRAWDOWN FIRE CENTRE

Request # SO #

Phone: // Fax: // Email:

MINISTRY SECTION

COMPANY NAME: FAX #

BUSINESS LOCATION:

COMPANY CONTACT NAME: PH# CELL#

APPLICABLE RESOURCES REQUESTED:

Table with 5 columns: Danger Tree Faller, Danger Tree Assessor, DTA/DTF, Faller Coordinator, Danger Tree Specialist

STANDBY LOCATION

DAY ONE: STANDBY DATE /TIME: TO HRS

STANDBY DATES: TO

STANDBY TIMES: HRS TO HRS

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: DATE: TIME:

CONTRACTOR SECTION

IN THE EVENT THE CONTRACTOR, WITHOUT THE CONSENT OF THE MINISTRY, DOES NOT SUPPLY THE FIRE CREW 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.

Personnel manifest(s) must be faxed or emailed daily by 08:30 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):

Contractor Signature: