



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

**MINISTRY SECTION**

COMPANY NAME: \_\_\_\_\_ FAX # \_\_\_\_\_

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

COMPANY EMAIL ADDRESS: \_\_\_\_\_

**APPLICABLE RESOURCES REQUESTED:**

<input type="checkbox"/>	<b>OFA Level 3 Attendant</b>	<input type="checkbox"/>	<b>Driver with Class 4 &amp; OFA 1</b>	<input type="checkbox"/>	<b>Mobile Treatment Centre</b>	<input type="checkbox"/>	<b>Swap Out Vehicle</b>
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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 ONSITE CONTACT/CALL SIGN : \_\_\_\_\_ PH : \_\_\_\_\_

DIRECTIONS 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 FIRST AID SERVICES DESCRIBED IN THE DRAWDOWN, 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 Class 4 Driver(s) License(s) and Level 3 First Aid Attendant Certificate(s) for all personnel.
- Manifest(s) for Applicable Resources are attached. Please ensure call signs are submitted on **BOTH** Personnel Manifest and Drawdown Section below. **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.**

ASSIGNED CALL SIGN(S) AS PER SUBMITTED PERSONNEL MANIFEST: \_\_\_\_\_

**By signing below, I confirm the following;**

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: \_\_\_\_\_