



STANDING ARRANGEMENT OR OFFER SERVICE REQUEST

RR# _____
Agreement# _____

PHONE: _____ EMAIL: _____

MINISTRY SECTION

COMPANY NAME: _____ BUSINESS LOCATION: _____

COMPANY CONTACT NAME: _____ PH# _____ CELL# _____

COMPANY EMAIL: _____

RESOURCES REQUESTED:

QTY	Resource	QTY	Resource

STANDBY - DATES: _____ TO _____ TIMES (24 HR): _____ TO _____

Unless advised, standby requirements will lapse at the end of the above noted period.

STAND DOWN - DATE: _____ TIME (24 HR): _____ STANDBY RR#: _____

You are requested to STAND DOWN the resources indicated in relation to the RR# mentioned above, at the indicated date and time.

DEPLOYED TO -

INCIDENT/ZONE NAME : _____ INCIDENT # : _____

REQUIRED ONSITE DATE/TIME: _____ CONTACT/CALL SIGN : _____

PH : _____

FINAL DAY OF WORK ONSITE/DATE: _____ (NOT APPLICABLE FOR CATERING)

Resources are limited to 14 work days, days of only travel are not considered work days. The above date accounts for travel to the work site plus 14 work days, but NOT return travel.

DIRECTIONS/COMMENTS:

Travel days must not exceed 12 hours unless previous approval is provided by the Ministry.

Contact Fire Centre Dispatch via radio upon dispatch, designated intervals enroute and arrival at destination, if unsuccessful communicate by telephone. Refer to Personnel Manifest for phone numbers.

ORDER DATE/TIME: _____ Logistics Officer: _____ Signature: _____

CONTRACTOR SECTION

By signing below, I confirm the personnel and equipment being supplied meet the requirements of the applicable Agreement.

REPRESENTATIVE NAME : _____ DATE/TIME: _____

REPRESENTATIVE SIGNATURE: _____ (ELECTRONIC SIGNATURE NOT ACCEPTED)