



**FOR PENNSYLVANIA DEPARTMENT OF HEALTH  
USE ONLY**

Date Received: \_\_\_\_\_

Regional Council: \_\_\_\_\_

## APPLICATION FOR VOLUNTARY RESCUE SERVICE RECOGNITION

### 1. SERVICE IDENTIFICATION:

\_\_\_\_\_  
BUSINESS/CORPORATE NAME OF RESCUE SERVICE

\_\_\_\_\_  
IDENTIFYING NAME OF RESCUE SERVICE

PHYSICAL LOCATION OF RESCUE SERVICE HEADQUARTERS (*must be supplied*):

\_\_\_\_\_  
(STREET, RD, ROUTE, ETC.)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
COUNTY/STATE

\_\_\_\_\_  
ZIP CODE + 4

MAILING ADDRESS OF RESCUE SERVICE: (*must be supplied*):

\_\_\_\_\_  
(STREET, P.O BOX, R.D., ROUTE, ETC.)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE +4

DAYLIGHT CONTACT PERSON: \_\_\_\_\_

BUSINESS TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Physical address locations of any substations, other than headquarters, where vehicles are stationed full-time (if applicable):

a. \_\_\_\_\_  
(STREET, R.D., ROUTE, ETC.)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE +4

b. \_\_\_\_\_  
(STREET, R.D., ROUTE, ETC.)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE +4

**Principal Official:** *(Administrative)*

\_\_\_\_\_  
(PLEASE PRINT)

TITLE

TELEPHONE

**2. SERVICE CLASSIFICATION: (check all that apply)**

**Type of Organization**

<input type="checkbox"/>	INDUSTRY
<input type="checkbox"/>	NON-PROFIT
<input type="checkbox"/>	FOR PROFIT
<input type="checkbox"/>	CAREER
<input type="checkbox"/>	VOLUNTEER

<input type="checkbox"/>	FIRE SERVICE
<input type="checkbox"/>	EMS
<input type="checkbox"/>	POLICE
<input type="checkbox"/>	GOVERNMENT
<input type="checkbox"/>	OTHER _____

ARE YOU QRS AFFILIATED AND/OR RECOGNIZED?

YES     NO

**3. TYPE AND LEVEL OF SERVICE:**

Vehicle and Machinery     Basic     Operations     Advanced

Swiftwater     Type 1     Type 2     Type 3     Type 4a

**Primary Service Areas**

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

**4. Dispatch Procedures:**

b. Method of Dispatch For Emergency Calls

- Providers Headquarters
- County 9-1-1 Center
- Municipal 9-1-1 Center
- Police Department
- Other (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**5. VERIFICATION OF INFORMATION:**

I, \_\_\_\_\_ have reviewed this application and all of  
(Name of Principal Official)

the information contained herein, or submitted separately in support of the application, and verify that  
the information is accurate and complete.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Date

**NOTE:** 18 Pa. C.S. Section 4904 provides that it shall be a crime to make written, false statement, or to submit any document which is false, to a public servant and, upon conviction, shall be punishable by imprisonment, the maximum of which is not more than two (2) years, and a fine not to exceed \$5,000.