
Application for Emergency Vehicle Designation

BUSINESS INFORMATION

- ___ Individual applicant
- ___ Partnership applicant
- ___ Corporation applicant

Company Name: _____

If Incorporated, what is your Incorporation number? _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Please list names of owners, directors and partners of the company.

Name	Role	Address

What type of emergencies will you be attending?

- ___ Fire
- ___ Vehicle accidents
- ___ Environmental spills
- ___ Other

If other, explain: _____

Please explain the need for emergency designation of you vehicle(s):

VEHICLE INFORMATION

Please list the vehicle(s) you are requesting be designated as emergency vehicles. (attach list if more space is required)

Make and Model of vehicle(s)	Year	VIN (serial number)	Registration Classification (A, C, D, PV plates)	Registered owner(s) name.

What emergency rescue equipment will your vehicle(s) be permanently equipped with? (Jaws of life and/or other life saving equipment, etc.)

DRIVER INFORMATION

Please list drivers.

Name	Class of Driver's licence (Class 1, 2, 3, 4, or 5)

What type of training is provided to driver's operating your vehicles?

Please list the municipalities in which you will be providing emergency services
(e.g.: cities, towns, R.M.'s, individuals, businesses – all of the above)

- * Please submit letters of support from local municipalities, Police, Fire Department, Ambulance Service.**
- * Please submit any additional information that you feel is relevant to your application.**

Please complete and return Form to:

Highway Traffic Board
1621A McDonald Street
Regina SK S4N 5R2
Fax: (306) 775-6618
Email: contacus.htb@gov.sk.ca