

**FIRE CHIEFS & FIRE FIGHTERS ASSOCIATION  
OF YORK COUNTY, INC.**

**APPLICATION FOR RADIO IDENTIFICATION NUMBER**

The \_\_\_\_\_ herby makes application for a Radio Identification  
Fire Company Name  
Number. We will cooperate with the Association and the York County 9-1-1 Center in promoting better and more  
efficient radio communications by obeying all the rules and regulation and encouraging others to do likewise.

**IMPORTANT: PLEASE TYPE OR PRINT ALL INFORMATION AND COMPLETE  
ENTIRE APPLICATION.**

Equipment Number Desired: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Station Number: \_\_\_\_\_

Address: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Street

\_\_\_\_\_ City or Town State Zip

Fire Chief: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Name Phone

Address: \_\_\_\_\_ City or Town Zip  
Street

President: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Name Phone

Address: \_\_\_\_\_ City or Town Zip  
Street

Secretary: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City or Town Zip  
Street

**SPECIFY TYPE OF UNIT**

_____ Air Cascade	_____ Chemical	_____ Medic	_____ Salvage
_____ Ambulance	_____ Crash	_____ Q.R.S.	_____ Service
_____ Attack	_____ Engine	_____ Rescue Boat	_____ Tanker
_____ Brush	_____ Fire Marshall	_____ Rescue	_____ Truck
_____ Car (Chiefs)	_____ Fire Warden	_____ Rescue (Heavy)	_____ Utility
_____ Other (Explain) _____			

**FILL IN THE BLANKS BELOW THAT PERTAIN TO THE UNIT SPECIFIED ABOVE**

Year _____	Make _____	Model _____
Pump _____	Tank Size (Gal.) _____	Dump Valve (Size) _____
Type of Foam _____	Gallons of Foam _____	Dump Valve (Flow Rate) _____
No. Back Packs (Brush) _____	Rakes (Brush) _____	Shovels (Brush) _____
Wet Water _____	Deck Gun _____	Portable Pump (GPM) _____
Hose "4" _____ Feet	Hose "5" _____ Feet	Type Thread (Hose) _____
Brand SCBA _____	No. SCBA _____	Spar SCBA Cylinders _____
No. of air cylinders (Cascade not spare SCBA cyls.) _____		Air Bags (Rescue) _____
Size of air cylinders (Cascade not spare SCBA cyls.) _____ PSI		Hydraulic Tool (Rescue) _____
Aerial Ladder Elevation (For Truck) _____ Feet	Feet of Ground Ladders (For Truck) _____	
Size of Electrical Generator _____	Emergency Lighting _____	
Foreign Radios _____		
Other Equipment _____		
_____		
_____		
_____		
_____		
_____		

**NOTE:** Engine, Tanker, Truck and Salvage must meet NFPA guidelines  
Rescue and Heavy Rescue must meet Fire Chiefs and Fire Fighters Association guidelines.

## **RADIO INFORMATION**

DO YOU OWN A BASE STATION \_\_\_\_\_ YES \_\_\_\_\_ NO      IF YES: CALL LETTERS \_\_\_\_\_

WHO IS IT LICENSED TO:      YORK COUNTY \_\_\_\_\_      FIRE STATION \_\_\_\_\_

IF IT IS LICENSED TO THE FIRE STATION: PLEASE SEND A COPY OF THE LICENSE ALONG WITH THIS  
INFORMATION

HOW MANY PORTABLE RADIOS DOES YOUR STATION HAVE IN USE: \_\_\_\_\_

I certify that the information contained in this application is correct and that we will operate under the rules and regulation as set forth by the 9-1-1 Communication Center and the Fire Chiefs and Fire Fighters Association of York County, Inc.

\_\_\_\_\_  
Print Name of Fire Chief or Authorized Individual

\_\_\_\_\_  
Signature of Fire Chief or Authorized Individual

\_\_\_\_\_  
Date

### FOR COMMITTEE USE:

Number Assigned: \_\_\_\_\_

Date Approved by Committee: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_