

## FIRE RESPONSE VEHICLE IDENTIFIER APPLICATION

## Part A - Application

| Full Name:  |  |  |
|---|--|--|
| Address:  |  |  |
|   |  |  |
| Phone No:   |  |  |
| I, hereby apply to the Shire/City of  |  |  |
| for a Fire Response Vehicle Identifier Sticker for the vehicle listed below.  |  |  |
| Vehicle Make and Model:   |  |  |
| Vehicle Registration:   |  |  |
| <b>OR</b> where Vehicle Registration does not exist, the VIN or Chassis Number:   |  |  |
| Name of Applicant:  |  |  |
| Signature: Date:  |  |  |
| Part B – Fire Response Vehicle Identifier Release Form  |  |  |
| I,acknowledge that:   |  |  |
| <ol> <li>the Fire Response Vehicle Identifier received by me is for the purpose of fire response by the vehicle<br/>listed above only;</li> </ol>   |  |  |
| <ol> <li>when this vehicle is no longer used as a fire response vehicle (e.g. when sold) the identifier will be<br/>removed;</li> </ol>   |  |  |
| 3) it is the responsibility of the owner and driver of the vehicle to comply with the Road Traffic Act 1974;  |  |  |
| <ul> <li>4) this identifier could be revoked by an Incident Controller or authorised person at any time;</li> <li>5) appropriate Personal Protective Equipment and Clothing will be worn at all times;</li> </ul>                                       |  |  |
| <ul> <li>5) appropriate Personal Protective Equipment and Clothing will be worn at all times;</li> <li>6) the driver will ensure that the vehicle's presence at an incident is recorded on both arrival and departure via the control point;</li> </ul> |  |  |
| <ul> <li>7) I have received a copy of the "Operating Private Equipment at Bushfires" and will make drivers of the vehicle familiar with this document.</li> </ul>   |  |  |
| 8) My vehicle complies with the recommended standard described on pg 49 of the document referenced in point 8.  |  |  |
| 9) This vehicle and any ancillary equipment has been serviced regularly, and is deemed fit for the intended purpose.  |  |  |
| Name of Applicant:  |  |  |
| Signature: Date:  |  |  |
| Name of Issuing Officer:  |  |  |

Signature:

Issuing Officer Title:

| dentifier Registration Number: | Valid to 30 September (Year): |
|--------------------------------|-------------------------------|
|--------------------------------|-------------------------------|

Date: