

## **Application for Fire Response Vehicle Identifier**

| Details of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |              |      |                    |            |            |       |           |
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| Applicant name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |              |      |                    |            |            |       |           |
| Brigade                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |              |      |                    |            |            |       |           |
| Street address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |              |      |                    |            |            |       |           |
| Postal address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |              |      |                    |            |            |       |           |
| Phone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |              | Em   | ail address        |            |            |       |           |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |              |      |                    |            |            |       | full name |
| hereby apply to the Shire of Boyup Brook for a Fire Response Vehicle Identifier Sticker for the vehicle listed below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |              |      |                    |            |            |       |           |
| Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Model    |              | Re   |                    | Registrati | ration     |       |           |
| Fire response type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |              |      |                    |            |            |       |           |
| ☐ Water cart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Capacity |              | _trs | ☐ Private response |            | Capa       | acity | Ltrs      |
| ☐ Loader                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Fast   | fill trailer |      | ☐ Other (de        | escribe)   |            |       |           |
| or where Vehicle Registration does not exist, the VIN or chassis number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |              |      |                    |            |            |       |           |
| Fire Response Vehicle Identifier Release Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |              |      |                    |            |            |       |           |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |              |      |                    |            |            |       | full name |
| <ol> <li>The Fire Response Vehicle Identifier received by me is for the purpose of fire response by the vehicle listed above</li> <li>When this vehicle is no longer used as a fire response vehicle (e.g. when sold) the identifier will be removed</li> <li>It is the responsibility of the owner and driver of the vehicle to comply with the Road Traffic Act 1974</li> <li>This identifier could be revoked by an Incident Controller or authorised person at any time</li> <li>Appropriate Personal Protective Equipment and Clothing will be worn at all times</li> <li>The driver will ensure that the vehicle's presence at an incident is recorded on both arrival and departure</li> <li>I have received a copy of the 'Operating Private Equipment at Bushfires' and will make drivers of the vehicle familiar with this document</li> </ol> |          |              |      |                    |            |            |       |           |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |              |      |                    |            | Date       |       |           |
| Office Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |              |      |                    |            |            |       |           |
| Issuing Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |              |      |                    |            |            |       |           |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |              |      |                    |            |            |       |           |
| Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |              |      |                    |            | <b>.</b> . |       |           |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |              |      |                    |            | Date       |       |           |
| Identifier Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n Number |              |      | Valid to 30 S      | eptember ( | (year)     |       |           |