

Application for Fire Response Vehicle Identifier

Details of Applicant					
Applicant name					
Brigade				Brigade ID	
Street address					
Postal address					
Drivers Licence #					
Phone number				Email address	
I <i>full name</i>					
hereby apply to the Shire of Boyup Brook for a Fire Response Vehicle Identifier Sticker for the vehicle/s listed below.					
Vehicle One					
Make		Model		Registration	
Fire response type:					
☐ Water cart	Capacity	Ltrs	☐ Private response	Capacity	Ltrs
☐ Loader	☐ Fastfill trailer		☐ Other (<i>describe</i>)		
or where Vehicle Registration does not exist, the VIN or chassis number					
Vehicle Two					
Make		Model		Registration	
Fire response type:					
☐ Water cart	Capacity	Ltrs	☐ Private response	Capacity	Ltrs
☐ Loader	☐ Fastfill trailer		☐ Other (<i>describe</i>)		
or where Vehicle Registration does not exist, the VIN or chassis number					
Vehicle Three					
Make		Model		Registration	
Fire response type:					
☐ Water cart	Capacity	Ltrs	☐ Private response	Capacity	Ltrs
☐ Loader	☐ Fastfill trailer		☐ Other (<i>describe</i>)		
or where Vehicle Registration does not exist, the VIN or chassis number					

If you have more than three vehicles, please complete an additional form.

Please turn over for additional information.

Fire Response Vehicle Identifier Release Form

I _____ *full name*

Understand that:

1. The Fire Response Vehicle Identifier received by me is for the purpose of fire response by the vehicle listed above
2. When this vehicle is no longer used as a fire response vehicle (e.g. when sold) the identifier will be removed
3. It is the responsibility of the owner and driver of the vehicle to comply with the Road Traffic Act 1974
4. This identifier could be revoked by an Incident Controller or authorised person at any time
5. Appropriate Personal Protective Equipment and Clothing will be worn at all times
6. The driver will ensure that the vehicle's presence at an incident is recorded on both arrival and departure
7. I have received a copy of the 'Operating Private Equipment at Bushfires' and will make drivers of the vehicle familiar with this document

Signature		Date	
-----------	--	------	--

The Shire of Boyup Brook collects your personal information to process your request and provide services. We may disclose this information to relevant Shire staff, contractors, or other organisations where required to deliver services or meet legal obligations. This information is collected under the *Local Government Act 1995 (WA)* and other applicable laws. If you do not provide this information, we may be unable to process your request. For more information, or to access or correct your personal information, contact: privacy@boyupbrook.wa.gov.au

Office Use Only

Issuing Officer			
Position			
Signature		Date	
Identifier Registration Number		Valid to 30 September (year)	