SCENE SAFETY RESPONSE UNIT (SSRU) REGISTRATION FORM

Community: _____ SSRU Lead: _____
PRINT *PRINT*

Volunteer's Name: _____
Last Name (PRINT NEATLY) First Name Middle Name

Mailing Address: _____
Street/P.O. Box

_____, Yukon, _____
City *Postal Code*

Email Address: _____

Contact Number: _____|_____|_____
Home *Cell Service Provider* *Other (Cell)*

Emergency Contact: _____
Last Name *First Name* *Phone Number*

NOTE: From the ages of 16 to 18, a Fire Explorer Form must accompany this application

DRIVER'S LICENSE INFORMATION

Driver's License Class ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ***Check any applicable boxes***

Valid Yukon Driver's License Number: _____

Air Brake Endorsement: ☐ *YES* ☐ *NO* Restrictions: ☐ *YES* ☐ *NO*

if "YES", explain: _____

_____

_____

_____

FMO USE ONLY

ACCOUNTABILITY TAGS CREATED ☐
DATE SENT: _____ **YYYY / DD / MM**

VENDOR NUMBER ☐ **SIN # ON QUEST** ☐ **XNET ACCOUNT** ☐

DATABASE ☐ **COPY FOR MOTOR VEHICLE CHECK** ☐

YUKON TERRITORY APPROVED

_____
DATE

_____
ASSISTANT FIRE MARSHAL