

NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.

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CERTIFICATE OF ELIGIBILITY

NC Alpine & Mountain Rescue

*** PLEASE PRINT OR TYPE

NAME OF DEPARTMENT _____ DATE _____

MAILING ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

DEPARTMENT EMAIL ADDRESS _____

COMM CENTER PHONE #() _____ BUSINESS PHONE #() _____

DEPARTMENT CELL PHONE #() _____ FAX # _____

CAPTAIN/CHIEF _____ EMAIL ADDRESS _____

WORK PHONE #() _____ HOME PHONE #() _____ CELL #() _____

SECRETARY _____ EMAIL ADDRESS _____

WORK PHONE #() _____ HOME PHONE #() _____ CELL #() _____

DOES YOUR SQUAD PROVIDE?

RESCUE ONLY ___ EMS ONLY ___ EMS/FIRE ___ EMS/RESCUE ___ EMS/FIRE/RESCUE ___ FIRE/RESCUE ___

COPY OF STATE CHARTER & CONTRACT

WITH CITY/COUNTY, INDICATING DISTRICT OF AUTHORITY,

MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY

Revised: 01/01/15

DEPT. NAME _____

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,
OPERATING IN:

_____ CITY OR COUNTY

_____ SIGNED
COUNTY OR CITY OFFICIAL

_____ TITLE

(NOTARY SEAL)

COUNTY OF _____ STATE OF _____

ON THE _____ DAY OF _____ 20_____, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)
EXECUTED SAME AND THAT THE STATEMENT THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND
BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

TO BE SIGNED & NOTARIZED BY DEPARTMENT OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

_____ SIGNATURE, SQUAD OFFICIAL

_____ TITLE

(NOTARY SEAL)

COUNTY OF _____ STATE OF _____

ON THE _____ DAY OF _____ 20_____, APPEARED BEFORE ME THE SAID INDIVIDUAL
DESCRIBED HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR
SHE) EXECUTED THE SAME AND THAT THE STATEMENTS THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE
AND BELIEF.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

NC Alpine & Mountain Rescue

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING THE NC ALPINE/MOUNTAIN CERTIFICATIONS LISTED BELOW. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.

A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS ERT, RT-ROPES OR TR-GENERAL & TR-ROPES IN ADDITION TO CERTIFICATION FOR NC ALPINE & MOUNTAIN RESCUE.

ORGANIZATIONS OPERATING AT THE NC ALPINE & MOUNTAIN STANDARD MUST MEET NFPA 1006 CHAPTERS 5 (GENERAL) AND CHAPTER 6 (ROPES). THE NC ALPINE & MOUNTAIN RESCUE STANDARD MAY BE MET BY HAVING CERTIFICATION(S) FROM NC EMERGENCY MANAGEMENT, MOUNTAIN RESCUE ASSOCIATION (MRA), RESCUE 3 INTERNATIONAL OR THE NATIONAL CAVE RESCUE COMMISSION. AN ORGANIZATION CHOSING TO OPERATING AT THE NC ALPINE & MOUNTAIN LEVEL MAY CHOOSE TO DO ONLY THE MOUNTAIN RESCUE PORTION (WITHOUT THE ALPINE EQUIPMENT) AS PER THE NEEDS OF THE AHJ AND WOULD NOT NEED THE ALPINE EQUIPMENT. IF THE ORGANIZATION CHOOSES TO PROVIDE BOTH ALPINE AND MOUNTAIN THEY WOULD NEED BOTH SETS OF EQUIPMENT LISTED ON PAGE 4.

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ AND IN ACCORDENCE TO THE METHODOLOGY OUTLINED IN *MOUNTAINEERING - FREEDOM OF THE HILLS* 8TH EDITION TEXT AND THE *CONTERRA TECHNICAL RESCUE RIGGERS GUIDE*, 2ND EDITION POCKET GUIDE.

3. VEHICLE:

VEHICLE(S) USED FOR HIGH ANGLE RESCUE SHALL BE CAPABLE OF TRANSPORTING RESCUE PERSONNEL AND EQUIPMENT TO AN INCIDENT SAFELY AND CANNOT EXCEED THE VEHICLE'S TOTAL GVWR, INCLUDING THE CHASSIS, BODY, AND RESCUE EQUIPMENT AND MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.

4. MINIMUM REQUIRED EQUIPMENT: DEPT. NAME _____

NCAR&EMS, INC.,
REPRESENTATIVE _____ DATE: _____

MOUNTAIN RESCUE PORTION ONLY: _____ YES _____ NO (If yes agency only needs the Mountain & Team Equipment Listed Below)

APPROVED: _____ YES _____ NO INSPECTOR'S SIGNATURE: _____

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED EQUIPMENT FOR LIGHT RESCUE

NC Alpine & Mountain Rescue

MINIMUM OF EIGHT TEAM MEMBERS SHALL HAVE THE FOLLOWING:

- ___ 1 HELMET
- ___ 1 PAIR GLOVES (LEATHER PALM MINIMUM)
- ___ 1 PAIR EYE PROTECTION
- ___ 1 PPE/CLOTHING ADEQUATE FOR THE ENVIRONMENT (NON COTTON MATERIAL)
- ___ 1 KNIFE
- ___ 2 FLASHLIGHTS WITH EXTRA BATTERIES (MAY INCLUDE HELMET LIGHT)
- ___ 1 FIRE STARTING KIT
- ___ 1 NAVIGATION COMPASS

NC ALPINE & MOUNTAIN EQUIPMENT REQUIREMENTS IN ADDITION TO THE REQUIREMENTS OF LIGHT RESCUE PROVIDER:

MOUNTAIN EQUIPMENT

- ___ 2 9MM (>20KN RATED) STATIC ROPE X 150' (NOTE: ADDITIONAL ROPE MAY BE NEEDED PER AHJ & RESPECTIVE ENVIRONMENT)
- ___ 1 8-9MM X 60M DYNAMIC ROPE
- ___ 6 SETS OF 6MM ACCESSORY CORD - CUT INTO 3FT PRUSSIKS
- ___ 3 - 25FT 1IN TUBULAR WEBBING - BLACK (Same as Light Rescue Standard)
- ___ 8 - 10MM DYNEX SEWN RUNNER, 60CM IN LENGTH
- ___ 4 MICRO PULLEYS OR INTERGRATED PULLEY/CARABINER
- ___ 10 ALUMINUM LOCKING CARABINER (>20KN RATED)
- ___ 4 ATC GUIDE STYLE BELAY DEVICES
- ___ 8 CLASS II HARNESSSES LIGHTWEIGHT/CLIMBING STYLE - (Commercially Made is Preferred/Recommended)
- ___ 150 ft. 6 mm PRUSSIK CORDS - (This should be cut into various lengths per the AHJ's needs)
- ___ 1 LITTER - MILITARY TYPE STOKES BASKET, SKED SYSTEM OR OTHER TYPE LITTER
- ___ 5 - 25 Ft. x 6 OR 7MM LOW STRETCH KERNMANTLE ROPE
- ___ 8 - TRACTION CONTROL/MICRO SPIKE DEVICE

ALPINE EQUIPMENT

- ___ 8PR SNOWSHOES
- ___ 8PR TREKKING POLES
- ___ 4PR CRAMPONS
- ___ 4 ICE AXE 70CM
- ___ 2 AVALANCHE PROBE
- ___ 2 AVALANCHE SHOVEL
- ___ 3 16CM ICE SCREW
- ___ 4 24IN SNOW ANCHOR

NC Alpine & Mountain Rescue: Inspectors Initials _____

Revised: 01/01/15