

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

**P.O. BOX 1914, GOLDSBORO, N.C. 27533-1914 TELEPHONE: 919/736-0506 FAX: 919/736-7759**

**E-MAIL: [ncarems@ncarems.org](mailto:ncarems@ncarems.org)**

**CERTIFICATE OF ELIGIBILITY**

**RESCUE RESOURCE PROVIDER**

\*\*\* 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**

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**

RESCUE RESOURCE PRVOVIDER: INSPECTORS INITIALS \_\_\_\_\_

REVISED: 07/01/12

# MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

## RESCUE RESOURCE PROVIDER

RESCUE RESOURCE PROVIDER IS DEFINED AS AN AGENCY OR ORGANIZATION, WHICH IS CURRENTLY PROVIDING A SPECIFIC TYPE OF SERVICE TO THE CITIZENS OF THEIR COMMUNITY AND IS CURRENTLY A MEMBER OF NORTH CAROLINA ASSOCIATION OF RESCUE AND EMS, INC. THIS PROVIDER HAS BEEN DELIGATED THIS TASK BY THEIR AHJ. THIS SPECIFIC TYPE OF SERVICE HAS BEEN DETERMINED TO BE A NON TRADITIONAL FORM(S) OF RESCUE. THIS MAY INCLUDE THE FOLLOWING: SURF RESCUE, K-9 SEARCH/WILDERNESS SEARCH, DIVE RESCUE, AVIATION SUPPORT SERVICES, OR OTHER AREAS AS MAY BE DETERMINED BY THE MEMBERSHIP COMMITTEE OF THE NORTH CAROLINA ASSOCIATION OF RESCUE AND EMS, INC. A MINIMUM NUMBER OF 8 PERSONNEL WILL BE CERTIFIED AT THE PARTICULAR TYPE OF RESCUE BEING PROVIDED.

### 1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

**PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING THE SPECIFIC RESCUE CERTIFICATIONS FOR THIS STANDARD. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.**

***A MINIMUM OF EIGHT (8) CERTIFIED AS FIRST RESPONDERS BY THE AHJ OR HIGHER TO INCLUDE THE NUMBER OF PERSONAL CERTIFICATIONS AS REQUIRED BY THE AHJ TO PERFORM THIS SERVICE***

PERFORMANCE SHOULD INCLUDE NON-TRADITIONAL FORMS OF RESCUE BASED ON THE LOCAL NEED OF THE AHJ. THIS MAY INCLUDE BUT IS NOT LIMITED TO SOME OF THE FOLLOWING: SURF RESCUE, K-9 SEARCH/WILDERNESS SEARCH, DIVE RESCUE, AVIATION SUPPORT SERVICES, OR OTHER AREAS AS MAY BE DETERMINED BY THE MEMBERSHIP COMMITTEE OF THE NORTH CAROLINA ASSOCIATION OF RESCUE AND EMS, INC.

ORGANIZATIONS PROVIDING THESE NON-TRADITIONAL FORMS OF RESCUE MUST DO SO IN ACCORDANCE WITH THE OPERATIONS OR TECHNICIAN LEVELS ACCORDING TO NFPA 1670, 2009 EDITION OR OTHER APPLICABLE NATIONAL STANDARD. OPERATIONAL LEVELS OF SERVICE MAY BE MET BY THE RT STANDARD

### 2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

### 3. VEHICLE:

VEHICLE(S) USED FOR RESCUE RESOURCE PROVIDER 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: \_\_\_\_\_

APPROVED:      \_\_\_\_\_ YES      \_\_\_\_\_ NO      INSPECTOR'S SIGNATURE: \_\_\_\_\_

**PLEASE PROVIDE A LIST OF YOUR SPECIFIC RESCUE EQUIPMENT WITH THIS CERTIFICATION PACKET AS REQUIRED BY THE AUTHORITY HAVING JURISDICITON AND IN ACCORDANCE WITH NFPA 1670 OR OTHER APPLICABLE NATIONAL STANDARD.**

\_\_\_\_\_ 1 SET OF INCIDENT COMMAND FORMS PER AHJ Download These at:  
<http://www.fema.gov/emergency/nims/JobAids.shtm>