

**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**

**WATER RESCUE – OCEAN-SURF 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**

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

## WATER RESCUE – OCEAN-SURF RESCUE

WATER RESCUE – OCEAN-SURF RESCUE IS DEFINED AS ADVANCED LEVELS OF WATER RESCUE AND BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER USING ADVANCED EQUIPMENT.

### 1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING WATER RESCUE – OCEAN-SURF RESCUE CERTIFICATIONS. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.

A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS SPECIFIED BY THE AHJ PRIOR TO CERTIFICATION IN THIS SPECIALITY AREA.

### 2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

### 3. VEHICLE:

VEHICLE(S) USED FOR WATER RESCUE – OCEAN SURF 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: \_\_\_\_\_

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

PLEASE PROVIDE A LIST OF YOUR OCEAN SURF RESCUE EQUIPMENT WITH THIS CERTIFICATION PACKET AS REQUIRED BY THE AUTHORITY HAVING JURISDICITON AND IN ACCORDANCE WITH NFPA 1670.