

**APPLICATION FOR EMERGENCY VEHICLE DESIGNATION**

**BUSINESS INFORMATION**

- Individual applicant
- Partnership applicant
- Corporation applicant

Company name: \_\_\_\_\_

If incorporated, what is your incorporation number? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please list names of owners, directors and partners of the company:

Name	Role	Address

What type of emergencies will you be attending?

- Fire
- Vehicle accidents
- Environmental spills
- Other

If other, explain: \_\_\_\_\_

\_\_\_\_\_

Please explain the need for an emergency designation of your vehicle(s):

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**VEHICLE INFORMATION**

Please list the vehicle(s) you are requesting be designated as emergency vehicles:  
(attach list if more space is required)

Make and model of vehicle(s)	Year	VIN (serial number)	Registration classification (A, C, D, PV plates)	Registered owner(s) name.

What emergency rescue equipment will your vehicle(s) be permanently equipped with?  
(Jaws of Life and/or other lifesaving equipment, etc.)

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**DRIVER INFORMATION**

Please list all drivers:

Name	Class of driver's license (Class 1, 2, 3, 4, or 5)

What type of training is provided to driver's operating your vehicles?

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Please list the municipalities in which you will be providing emergency services:  
(e.g.: cities, towns, R.M.'s, individuals, businesses – all of the above)

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- \* **Please submit letters of support from local municipalities, Police, Fire Department, Ambulance Service.**
- \* **Please submit any additional information that you feel is relevant to your application.**

Please complete and return form to: Highway Traffic Board  
 1621A McDonald Street  
 Regina SK S4N 5R2  
 Fax: (306) 798-0162  
 Email: [contactus.htb@gov.sk.ca](mailto:contactus.htb@gov.sk.ca)