**Berks County Department of Emergency Services**

**Fire Apparatus Change Form**

**Agency Name:**

**Agency #:**

**AUTHORIZED FIRE UNIT TYPES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AIR (AIR)AIRPORT CRASH (ARFF)ATTACK (ATK)ATV (ATV) | BRUSH (B)CANTEEN (CAN)CAR (C)COLLAPSE (COL) | ENGINE (E)ENGINE TANKER (ET)LADDER (L)MARINE (MAR) | MOBILE COMMAND POST (CP)QUINT (Q)REHAB RESCUE (R) | RESCUE ENGINE (REN)SCUBA (SC)SNORKEL TANKER (T) | TOWER (TW)TRAFFIC (TRF)UTILITY (U) |
| **The unit identifier starts with the unit type or name in parentheses in the table above. It is then followed by your company number. It is then followed by a suffix number if applicable. If you are company 99 and 3 engines, their designators could be as follows:****Example #1: Engine 99, Engine 99-1, Engine 99-2.****Example #2: Engine 99-1, Engine 99-2, Engine 99-3.** |
| **Unit Designator\*:** |  |
| **Primary Unit Type:** |       |
| **Secondary Unit Type(s) (for CAD recommendations):** |       |
| **Station Located (if more than one station):** |       |
| **Current CAD / Radio Unit Designation (if unit is being renamed/renumbered):** |       |
| **CAD Special Tags****Does this apparatus have any of the following special capabilities** | **Technical Rescue Capabilities** |
| **All Wheel Drive:** **Air / Cascade:**  **CAFS:****RIT:**  | [ ]  - Yes [ ]  - No[ ]  - Yes [ ]  - No[ ]  - Yes [ ]  - No[ ]  - Yes [ ]  - No | **Rope Rescue:****Confined Space Rescue:****Trench Rescue:** | [ ]  - Yes [ ]  - No[ ]  - Yes [ ]  - No[ ]  - Yes [ ]  - No |

 (See Appendix G III Non-Law Unit Radio ID Summary of the Radio System SOPs for more information)

\*Use a separate form for each apparatus change.

**SUBMITTED BY**

**Name:**

**Title:**

**Date:**

**BELOW LINE FOR DES USE ONLY**

|  |  |
| --- | --- |
| Form Received By: | Date: |
| CAD Updated By: | Date: |
| Apparatus Listing Updated By: | Date: |

**Return Completed Form To:**

**BerksDES@countyofberks.com**

**Or FAX: 610-655-4902**