**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**](mailto:BerksDES@countyofberks.com)

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