

RICHLAND COUNTY EMERGENCY SERVICES DEPARTMENT
Privately Owned Vehicle - Authorized Emergency Vehicle Application

APPLICANT'S FULL NAME _____
ADDRESS _____
PHONE (Home) _____ (Cell) _____ (Work) _____ RADIO CALL SIGN _____
S.C. DRIVER'S LICENSE NUMBER _____ EXPIRATION DATE _____ VEHICLE - YEAR _____
MAKE _____ MODEL _____ COLOR _____ TAG # _____ TAG EXP. DATE _____
VEHICLE OWNER, ADDRESS AND PHONE NUMBER _____

INSURANCE COMPANY _____ POLICY NUMBER _____ EXP. DATE _____
STATION OR ASSIGNMENT _____
EMERGENCY VEHICLE LIGHTING TYPE _____
APPLICANT'S RANK / DUTIES _____

THE APPLICANT MUST ATTACH TO THIS APPLICATION, A COPY OF EITHER AN EMERGENCY VEHICLE DRIVER'S TRAINING COURSE (EVDT) CETIFICATE OR AN EMERGENCY VEHICLE OPERATOR'S COURSE (EVOC) CERTIFICATE, A LETTER FROM THE INSURANCE COMPANY INSURING THE VEHICLE LISTED ABOVE ACKNOWLEDGING THE APPLICANT'S ROLE AS AN EMERGENCY RESPONDER IN THE VEHICLE LISTED, A CERTIFIED TEN YEAR DRIVING RECORD, A DIGITAL PICTURE OF THE VOLUNTEER (Face and Chest Shot), AND A SEPARATE PICTURE OF THE VEHICLE. **IF THE APPLICANT DOES NOT OWN THE VEHICLE, A LETTER FROM THE OWNER AUTHORIZING THE USE OF THE VEHICLE AS AN EMERGENCY VEHICLE OPERATED BY THE APPLICANT IS REQUIRED.** IF THE APPLICANT IS A VOLUNTEER FIRE FIGHTER, THE APPLICATION MUST BE SIGNED BY THE CFD VOLUNTEER COORDINATOR. THE APPLICATION MUST BE SIGNED BY THE APPLICANT, AND SHALL BE WITNESSED AND ATTESTED TO BY THE SIGNATURE AND SEAL OF A CURRENT SOUTH CAROLINA NOTARY PUBLIC. IF YOU CAN NOT LOCATE A NOTARY PUBLIC, A DEPUTY RICHLAND COUNTY FIRE MARSHAL WILL ASSIST YOU WITH THE NOTARIZATION OF THIS APPLICATION. IF THE APPLICANT CAN NOT SECURE DIGITAL PICTURES OF HIM/HERSELF AND THE VEHICLE, CONTACT A RICHLAND COUNTY DEPUTY FIRE MARSHAL FOR ASSISTANCE. ONCE THE APPLICATION HAS BEEN RECEIVED WITH ALL ATACHMENTS, A DEPUTY FIRE MARSHAL WILL SCHEDULE AN INSPECTION OF THE VEHICLE FOR PROPER EMERGENCY WARNING EQUIPMENT AND ROAD WORTHINESS. AFTER INSPECTION, THE APPLICATION AND INSPECTION REPORT WILL BE REVIEWED FOR FINAL APPROVAL AND CERTIFICATION. CERTIFICATION EXPRIES ON DECEMBER 31ST OF THE YEAR PRINTED ON THE VEHICLE DECAL. THE APPLICANT MUST OBEY ALL LAWS AND POLICIES OR THE CERTIFICATION WILL BE CANCELLED. THE CERTIFICATION OF THE FIRE FIGHTER AND/OR VEHICLE MAY BE REVOKED AT ANY TIME FOR ANY REASON WITHOUT GRIEVANCE.

UNDER PENALTY OF PERJURY, I DECLARE THAT ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION IS TRUE AND CORRECT, AND I UNDERSTAND THE REQUIREMENTS OF THE POV EMERGENCY VEHICLE CERTIFICATION PROGRAM.

PRINT APPLICANT'S NAME _____ TITLE _____

APPLICANT'S SIGNATURE _____ DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

Print Name
NOTARY PUBLIC FOR _____ seal
MY COMMISSION EXPIRES _____

SIGNATURE

VOLUNTEER FIRE FIGHTER STATION CERTIFICATION INFORMATION

This application has been reviewed. I recommend: (Check One) Approval Non Approval

Reason for Non-Approval if checked - _____

Signature - District Chief / Senior Station Officer _____ Date _____

This applicant is a volunteer fire fighter at _____ Station.

Columbia Fire Department Volunteer Coordinator _____ Date _____

RETURN THIS ORIGINAL APPLICATION AND ALL REQUIRED ATTACHMENTS TO: RICHLAND COUNTY FIRE MARSHAL 1410 LAURENS ST. COLUMBIA, S.C. 29204. DIGITAL PICTURES CAN BE INCLUDED ON A FLASH DRIVE OR MAY BE SENT BY E-MAIL TO THE DIRECTOR OF EMERGENCY SERVICES / FIRE MARSHAL AT esd@rcgov.us. ALL PICTURES MUST BE IDENTIFIED BY THE NAME OF THE APPLICANT. AFTER THE APPLICATION AND ALL REQUIRED ATTACHMENTS ARE RECEIVED, THE APPLICANT WILL BE CONTACTED BY A DEPUTY RICHLAND COUNTY FIRE MARSHAL FOR FOLLOW-UP AND FOR VEHICLE INSPECTION. IF ALL INFORMATION IS NOT PROVIDED OR THE VEHICLE DOES NOT PASS INSPECTION, THE APPLICANT WILL NOT RECEIVE CERTIFICATION.

THIS SECTION FOR ESD DEPARTMENT / COUNTY FIRE MARSHAL USE ONLY

Application received by _____ Date _____

Copy of 10 Year Driving Record (Yes) (No) Date and location vehicle inspected _____

Emergency Warning System Accepted (Yes) (No) Digital Picture of Vehicle obtained (Yes) (No)

Digital Picture of Applicant (Head Shot) (Yes) (No) Letter From Insurance Company (Yes) (No)

Copy of EVDT / EVOIC Certification (Yes) (No) Recommend Approval (Yes) (No)

If No, explain _____

Signature of Deputy Fire Marshal _____ DATE _____

Final Approval By _____ Date _____

Date Decal Affixed To Vehicle _____ EXP _____ By _____

Date ID Card Issued _____ EXP _____ By _____