

**HIGHWAY TRAFFIC BOARD**

**Application for Emergency Vehicle Designation**

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**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: \_\_\_\_\_

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Please explain the need for emergency designation of you 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. |
|------------------------------|------|---------------------|--------------------------------------------------|---------------------------|
|                              |      |                     |                                                  |                           |
|                              |      |                     |                                                  |                           |
|                              |      |                     |                                                  |                           |
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|                              |      |                     |                                                  |                           |
|                              |      |                     |                                                  |                           |
|                              |      |                     |                                                  |                           |
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What emergency rescue equipment will your vehicle(s) be permanently equipped with? (Jaws of life and/or other life saving equipment, etc.)

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**DRIVER INFORMATION**

Please list drivers.

| Name | Class of Driver's licence<br>(Class 1, 2, 3, 4, or 5) |
|------|-------------------------------------------------------|
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|      |                                                       |

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  
1550 Saskatchewan Drive  
Regina, SK S4P 0E4  
Fax: (306) 775-6618