STATEMENT OF ELIGIBILITY
NC MOUNTAIN RESCUE

*** PLEASE PRINT OR TYPE

NAME OF DEPARTMENT_______________________________________________________DATE___________

MAILING ADDRESS________________________________________ST. ADDRESS______________________________

CITY________________________________________STATE_______ZIP__________COUNTY_____________

DEPARTMENT EMAIL ADDRESS__________________________________________________________________________

COMM CENTER PHONE # ( ) __________________________BUSINESS PHONE # ( ) __________________________

DEPARTMENT CELL PHONE # ( ) __________________________FAX # __________________________

CAPTAIN/CHIEF_________________________EMAIL ADDRESS___________________________________________

WORK PHONE #( ) _______________ HOME PHONE #( ) ___________________________CELL #( ) _______________

SECRETARY____________________________EMAIL ADDRESS___________________________________________

WORK PHONE #( ) _______________HOME PHONE #( ) ___________________________CELL #( ) _______________

DOES YOUR SQUAD PROVIDE?

RESCUE ONLY____ EMS ONLY____ EMS/FIRE_____ EMS/RESCUE____ EMS/FIRE/RESCUE____ FIRE/RESCUE____

DOCUMENTS NEEDED TO CERTIFY & MUST ACCOMPANY THIS STATEMENT OF ELIGIBILITY:

1) COPY OF STATE CHARTER

2) AUTHORITY TO OPERATE WITH CITY/COUNTY

Revised: 12/31/18
AUTHORITY TO OPERATE

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT _____________________________________________________________

Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _________________________________ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE MOUNTAIN RESCUE IN THE ABOVE MENTIONED CITY
OR COUNTY.

_________________________________________________________________________________

PRINT NAME ____________________________________ SIGNED

________________________________________

COUNTY OR CITY OFFICIAL

________________________________________

TITLE

(NOTARY SEAL)

COUNTY OF __________________________________ STATE OF __________________________

ON THE _______ DAY OF ___________________ 20 ________, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)
EXECUTED SAME AND THAT THE STATEMENT THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE AND
BELIEF.

MY COMMISSION EXPIRES: __________________________ NOTARY PUBLIC

TO BE SIGNED & NOTARIZED BY DEPARTMENT OFFICIAL

THIS IS TO CERTIFY THAT _____________________________________________________________

Name of Department

IS AN ACTIVE OPERATING SERVICE, OPERATING IN _________________________________ CITY
OR COUNTY AND IS HEREBY AUTHORIZED TO PROVIDE MOUNTAIN RESCUE IN THE ABOVE MENTIONED CITY
OR COUNTY.

________________________________________

PRINT NAME ____________________________________ SIGNED

________________________________________

DEPARTMENT OFFICIAL

________________________________________

TITLE

(NOTARY SEAL)

COUNTY OF __________________________________ STATE OF __________________________

ON THE _______ DAY OF ___________________ 20 ________, APPEARED BEFORE ME THE SAID INDIVIDUAL DESCRIBED
HEREIN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND HE (OR SHE) DULY ACKNOWLEDGED TO ME THAT HE (OR SHE)
EXECUTED THE SAME AND THAT THE STATEMENTS THEREIN CONTAINED WERE TRUE TO THE BEST OF HIS (OR HER) KNOWLEDGE
AND BELIEF.

MY COMMISSION EXPIRES: __________________________ NOTARY PUBLIC

BOTH SIGNATURES ARE REQUIRED

NC Mountain Rescue: Inspectors Initials _____ Revised: 12/31/18
1. **MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:**

   PLEASE PROVIDE VERIFICATION OF CERTIFICATION OF THE EIGHT (8) PERSONNEL HOLDING THE NC MOUNTAIN CERTIFICATIONS LISTED BELOW. VERIFICATION EXAMPLES MAY INCLUDE, BUT ARE NOT LIMITED TO CERTIFICATES, TRANSCRIPTS, ETC.

   **A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS ERT, RT-ROPES OR TR-GENERAL & TR-ROPES IN ADDITION TO CERTIFICATION FOR NC MOUNTAIN RESCUE.**

   ORGANIZATIONS OPERATING AT THE NC MOUNTAIN RESCUE STANDARD MUST MEET NFPA 1006, 2013 EDITION, CHAPTERS 5 (GENERAL) AND CHAPTER 6 (ROPES). THE NC MOUNTAIN RESCUE STANDARD WHICH INCLUDES BUT IS NOT LIMITED TO MOUNTAINEERING AND ALPINE SKILLS, MAY BE MET BY HAVING CERTIFICATION(S) FROM NC EMERGENCY MANAGEMENT, MOUNTAIN RESCUE ASSOCIATION (MRA), RESCUE 3 INTERNATIONAL OR THE NATIONAL CAVE RESCUE COMMISSION. AN ORGANIZATION CHOOSING TO OPERATING AT THE NC MOUNTAIN RESCUE LEVEL MAY CHOOSE TO DO ONLY THE MOUNTAIN RESCUE PORTION (WITHOUT THE ALPINE EQUIPMENT) AS PER THE NEEDS OF THE AHJ AND WOULD NOT NEED THE ALPINE EQUIPMENT. IF THE ORGANIZATION CHOOSES TO PROVIDE BOTH ALPINE AND MOUNTAIN THEY WOULD NEED BOTH SETS OF EQUIPMENT LISTED ON PAGE 4.

2. **TYPE OF RESCUE TO PERFORM:**

   AS SPECIFIED BY THE CONTRACT WITH THE AHJ AND IN ACCORDENCE TO THE METHODOLOGY OUTLINED IN MOUNTAINEERING – FREEDOM OF THE HILLS 8TH EDITION TEXT AND THE CONTERRA TECHNICAL RESCUE RIGGERS GUIDE, 2ND EDITION POCKET GUIDE.

3. **VEHICLE:**

   VEHICLE(S) USED FOR MOUNTAIN RESCUE SHALL BE CAPABLE OF TRANSPORTING RESCUE PERSONNEL AND EQUIPMENT TO AN INCIDENT SAFELY AND CANNOT EXCEED THE VEHICLE’S TOTAL GVWR, INCLUDING THE CHASSIS, BODY, AND RESCUE EQUIPMENT AND MEDICAL CARE EQUIPMENT WHEN LOADED. ALL EQUIPMENT SHALL BE LOADED ON APPARATUS AND RESPONSE READY.
4. MINIMUM REQUIRED EQUIPMENT: DEPT. NAME____________________
NCAR&EMS, INC.,
REPRESENTATIVE____________________ DATE: ________________________
MOUNTAIN RESCUE PORTION ONLY: YES NO (If yes agency only needs the
Mountain & Team Equipment Listed Below)
APPROVED: YES NO INSPECTOR’S SIGNATURE: _________________________

YOU MUST HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY
REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE LISTED
EQUIPMENT FOR LIGHT RESCUE

NC Mountain Rescue

MINIMUM OF EIGHT TEAM MEMBERS SHALL HAVE THE FOLLOWING:

___ 1 HELMET
___ 1 PAIR GLOVES (LEATHER PALM MINIMUM)
___ 1 PAIR EYE PROTECTION
___ 1 PPE/CLOTHING ADEQUATE FOR THE ENVIRONMENT (NON COTTON MATERIAL)
___ 1 KNIFE
___ 2 FLASHLIGHTS WITH EXTRA BATTERIES (MAY INCLUDE HELMET LIGHT)
___ 1 FIRE STARTING KIT
___ 1 NAVIGATION COMPASS

NC MOUNTAIN EQUIPMENT REQUIREMENTS IN ADDITION TO THE REQUIREMENTS OF LIGHT RESCUE
PROVIDER:

MOUNTAIN EQUIPMENT

___ 2 9MM (>20KN RATED) STATIC ROPE X 150’ (NOTE: ADDITIONAL ROPE MAY BE NEEDED PER AHJ &
RESPECTIVE ENVIRONMENT)
___ 3 – 25FT 1IN TUBULAR WEBBING – BLACK (Same as Light Rescue Standard)
___ 8 – 10MM DYNEEX SEWN RUNNER, 60CM IN LENGTH
___ 4 MICRO PULLEYS OR INTERGRATED PULLEY/CARABINER
___ 10 ALUMINUM LOCKING CARABINER (>20KN RATED)
___ 4 ATC GUIDE STYLE BELAY DEVICES
___ 8 CLASS II HARNESSSES LIGHTWEIGHT/CLIMBING STYLE – (Commercially Made is
Preferred/Recommended)
___ 150 ft. – 6 mm PRUSSIK CORDS – (MAY BE CUT INTO VARIOUS LENGTHS PER THE AHJ)
___ 1 LITTER – MILITARY TYPE STOKES BASKET, SKED SYSTEM OR OTHER TYPE LITTER
___ 5 – 30 Ft. x 8MM LOW STRETCH KERNMANTLE ROPE
___ 8 – TRACTION CONTROL/MICRO SPIKE DEVICE

ALPINE EQUIPMENT

___ 8PR SNOWSHOES
___ 8PR TREKKING POLES
___ 4PR CRAMPONS
___ 4 ICE AXE 70CM
___ 2 AVALANCHE SHOVEL

NC Mountain Rescue: Inspectors Initials_____ Revised: 12/31/18