

NORTH CAROLINA ASSOCIATION OF RESCUE & EMERGENCY MEDICAL SERVICES, INC.

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E-MAIL: ncarems@ncarems.org

CERTIFICATE OF ELIGIBILITY

AGRICULTURAL 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 ___

COPY OF STATE CHARTER & CONTRACT

WITH CITY / COUNTY, INDICATING DISTRICT OF AUTHORITY,

MUST ACCOMPANY THIS CERTIFICATE OF ELIGIBILITY

TO BE SIGNED & NOTARIZED BY CITY OR COUNTY OFFICIAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE,
OPERATING IN:

_____ CITY OR COUNTY

_____ 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 THE ABOVE NAMED RESCUE PROVIDER IS AN ACTIVE OPERATING SERVICE:

_____ SIGNATURE, SQUAD 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

MINIMUM STANDARD REQUIREMENTS - NCAR&EMS

AGRICULTURAL RESCUE

AGRICULTURAL RESCUE IS DEFINED AS ADVANCED LEVELS OF ALL RESCUE INVOLVING FARM IMPLEMENTS AND MACHINERY USING ADVANCED EXTRICATION TECHNIQUES, AND PROVIDING BASIC LIFE SUPPORT FUNCTIONS AS AN INITIAL RESPONDER WITH ADVANCED EQUIPMENT.

1. MINIMUM PERSONNEL / ORGANIZATION REQUIREMENTS:

NUMBER OF PERSONNEL WITH CERTIFICATION

(ENTER NUMBER OF PERSONNEL WITH EACH CERTIFICATION)

FIRST RESPONDER - # _____ MEDICAL RESPONDER - # _____ EMT - # _____

EMT-I - # _____ EMT-P - # _____ RESCUE CERTIFIED - # _____ RN/MICN - # _____

A MINIMUM OF EIGHT (8) PERSONNEL SHALL HOLD RESCUE CERTIFICATIONS AS ERT, RT-VMR & RT-ROPES OR TR-VMR & TR-ROPES

AGRICULTURAL RESCUE INCLUDES BUT IS NOT LIMITED TO AND BASED ON LOCAL NEEDS OF THE AHJ. ORGANIZATIONS OPERATING AT THE AGRICULTURAL RESCUE LEVEL OF SERVICE SHALL HAVE A MINIMUM OF EIGHT (8) RESCUE QUALIFIED PERSONNEL WHICH MEET THE REQUIREMENTS OF AN NFPA 1006 APPROVED/RECOGNIZED AGRICULTURAL RESCUE COURSE OF INSTRUCTION.

ORGANIZATIONS OPERATING AT THE AGRICULTURAL RESCUE TECHNICIAN LEVEL OF SERVICE SHALL HAVE A MINIMUM OF EIGHT (8) QUALIFIED RESCUE PERSONNEL WHICH MEET ALL THE REQUIREMENTS OF THE OPERATIONS LEVEL OF THIS STANDARD AND RECOGNIZED TRAINING PROGRAMS IN RESCUES FROM GRAIN BINS AND SILOS. ORGANIZATIONS SHALL ALSO HAVE A MINIMUM OF EIGHT (8) QUALIFIED RESCUE PERSONNEL WHICH MEET ALL THE REQUIREMENTS OF THE TECHNICIAN LEVELS OF SERVICE LISTED BELOW:

1. N.C FIRE/RESCUE COMMISSION - AGRICULTURAL RESCUE TECHNICIAN PROGRAM

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR AGRICULTURAL 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: _____

APPROVED: _____ YES _____ NO INSPECTOR'S SIGNATURE: _____

YOU MUST MEET ALL THE REQUIREMENTS FOR THE HEAVY RESCUE STANDARD AND HAVE 8 PERSONNEL CERTIFIED AS NORTH CAROLINA AGRICULTURE RESCUE TECHNICIANS, FARAMEDIC OR OTHER RECOGNIZED AGRICULTURE COURSES.