

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

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E-MAIL: ncarems@ncarems.org

CERTIFICATE OF ELIGIBILITY

AIR RESCUE OPERATIONS

*** 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

DEPT. NAME _____

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

AIR RESCUE OPERATIONS

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 SPECIFIED BY THE AHJ PRIOR TO CERTIFICATION IN THIS SPECIALITY AREA.

Organizations operating at the Air Rescue Operations level of service shall have a minimum of eight (8) personnel who meets all the requirements of one (1) of the following operational levels of service:

- A. North Carolina Fire and Rescue Commission/Office of State Fire Marshal recognized courses of instruction.
- B. Meet the requirements of any of North Carolina's Air Medical transport service for scene team operations.
- C. Wilderness Search & Rescue Programs such as NASAR's FUNSAR, ADSAR, Helicopter Use in Search and Rescue Support or other programs involving helicopters and SAR.
- D. Requirements of corporations such as (Rescue 3 International's Helicopter Aquatic Rescue or other nationally recognized courses of instruction involving helicopter operations.

Organizations operating at the Air Rescue Technician level of service shall have a minimum of eight (8) personnel who meets all the requirements of any one (1) of the following levels of service in addition to the Operational Levels Requirements:

- A. North Carolina Division of Emergency Management/North Carolina National Guard Airborne High Level Rescue & Extraction Program.
- B. Requirements of other nationally recognized courses of instruction involving helicopter operations. (Please provide course information for review prior to certification)

2. TYPE OF RESCUE TO PERFORM:

AS SPECIFIED BY THE CONTRACT WITH THE AHJ

3. VEHICLE:

VEHICLE(S) USED FOR AIR RESCUE OPERATIONS 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 HAVE EACH OF THE FOLLOWING ITEMS TO MEET ELIGIBILITY REQUIREMENTS FOR CERTIFICATION IN ADDITION TO THE ITEMS LISTED IN THE LIGHT RESCUE STANDARD.

- _____ 1 - LANDING ZONE LIGHT KIT (CAN BE MANUFACTURED OR CUSTOM MADE BY AHJ)
- _____ 1 - TAG LINE KIT FOR USE WITH A HOIST LIFT. IT SHOULD BE MINIMUM OF 250 FT IN LENGTH AND ROPE DIAMETER NO LESS THAN 1/4 INCH IN DIAMETER TO INCLUDE A BREAK-AWAY DEVICE