

MABAS WISCONSIN - MUTUAL AID APPARATUS AVAILABILITY AUTHORIZATION

To Whom It May Concern: My organization can respond to your community as a mutual aid resource, Please accept this document as my authorization for response to any MABAS division or member department as per the MABAS definitions and agreement, with only the type and quantity of apparatus listed below.

DEPARTMENT NAME: _____ MABAS DIVISION: 102 DATE: Sep 05, 2010
 DEPARTMENT ADDRESS: _____ CITY: _____ STATE: WI ZIP CODE: _____
 MABAS CONTACT NAME: _____ CONTACT EMAIL: _____
 MABAS CONTACT PHONE: _____ FAX: _____ CELLULAR: _____ Secondary Cell Number _____
 IF YOU PROVIDE EMS: ALS (Paramedic) BLS (Basic) ILS (I 99)
 CHIEF OF DEPARTMENT: _____ OFFICE: _____ CELLULAR: _____ Secondary Cell Number _____

SENDING ORGANIZATION: PLEASE CONSIDER YOUR WORST TIME OF DAY WHEN YOU COMPLETE THIS DOCUMENT.
 The information is for box card development and is used to streamline the box card development process.

SINGLE RESOURCE SECTION - Use this section IF your department that can only send a SINGLE resource on a MABAS Alarm.

<input type="checkbox"/> 1 Engine	<input type="checkbox"/> 1 Tender _____gallons	<input type="checkbox"/> 1 Chief Officer	<input type="checkbox"/> 1 Squad <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light
<input type="checkbox"/> 1 Ambulance <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> ILS	<input type="checkbox"/> 1 Brush Vehicle	<input type="checkbox"/> 1 ATV	<input type="checkbox"/> 1 Boat <input type="checkbox"/> Inflatable <input type="checkbox"/> Flat bottom
<input type="checkbox"/> 1 Truck / Aerial Platform / Quint	<input type="checkbox"/> 1 Mobile Fresh Air Supply Trailer	<input type="checkbox"/> 1 ATV 4 or 6 Wheeler	<input type="checkbox"/> Other _____

MULTIPLE RESOURCE SECTION - Use this section if your department is able to send MORE THAN ONE resource to a MABAS Alarm. Check all that apply

<input type="checkbox"/> Engine/Pumper (Quantity ____)	<input type="checkbox"/> ALS Ambulance (Quantity ____)	<input type="checkbox"/> Tender (Capacity ____)	<input type="checkbox"/> Squad, Ambulance <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light
<input type="checkbox"/> Truck/Aerial Platform (Quantity ____)	<input type="checkbox"/> I 99 Ambulance (Quantity ____)	<input type="checkbox"/> Tech Rescue (Collapse-Trench)	<input type="checkbox"/> ATV 4 or 6 Wheeler
<input type="checkbox"/> Brush Vehicle (Quantity ____)	<input type="checkbox"/> BLS Ambulance (Quantity ____)	<input type="checkbox"/> Tech Rescue (Confined Space)	<input type="checkbox"/> ATV
<input type="checkbox"/> Tanker/Engine (Quantity ____)	<input type="checkbox"/> Chief Officer	<input type="checkbox"/> Water/Dive Rescue Divers	<input type="checkbox"/> Boat with DIVERS
<input type="checkbox"/> Quint (Quantity ____)	<input type="checkbox"/> Additional Chief Officer	<input type="checkbox"/> Water/Dive Rescue SUPPORT	<input type="checkbox"/> Boat with NO Divers
<input type="checkbox"/> Level A Haz Mat team	<input type="checkbox"/> Mobile Air Supply Trailer (Cascade)	<input type="checkbox"/> Decon Unit	<input type="checkbox"/> Other _____
<input type="checkbox"/> Level B Haz Mat team	<input type="checkbox"/> Mobile Fresh Air Compressor	<input type="checkbox"/> Utility vehicle with towing ability	<input type="checkbox"/> Other _____