

Baltimore County Volunteer Firefighter's Association Apparatus Replacement Form



The Fire Chief or a Designee must approve this form prior to submitting an application to the Loan Fund. This will ensure your company has the support of the Fire Chief for the replacement of any apparatus. Please answer all questions fully.

Approval of this form does NOT indicate financial support for your replacement vehicle.

*Date:								
*Company Na	ame:							
*Primary Con	tact & Phor	ie Number:						
*Apparatus being replaced: New Service** One for One replacement								
Apparatus #	Year	Make	Model	Mileage	Engine Hours (if applicable)			
*Reason for replacement								
Over the last three years, what is the total maintenance cost for this vehicle? \$ *What are your plans for the old apparatus?								
☐ Trade in ☐ Sell it ☐ Keep it ☐ Other ☐ Volunteer Reserve Fleet								
*If keeping/other, how are you planning to use it? Be as detailed as possible. (Medics only)								
*New Apparatus: (complete as much as possible)								
Apparatus #	Year	Make	Model	Mileage	Engine Hours (if applicable)			
*Will the apparatus number remain the same for the new apparatus?								
□Yes □No Please indicate new number:								

^{* =} Required Information

*Do you anticipate requesting 508 Funds for this purchase	? □Yes	\square No	
*Do you plan to apply for a loan from the Loan Fund?	□Yes	□No	
*What financing options are in place in the event financing Fund?	g is not ava	ilable through the Loan	
*What is the anticipated in-service date for this apparatus?	_		<u> </u>
*Signature of Company Officer			
*Printed Name of Company Officer		Date:	
□Approved □Denied			
Signature of Fire Chief or Designee, Baltimore County			
Printed Name of Fire Chief or Designee, Baltimore County	7	Date:	
Fire Chief or Designee Comments:			
Places amail completed form to PCVEA ADMIN@PALT	IMODECO	OLINITYMD COV for F	
Please email completed form to <u>BCVFA-ADMIN@BALT</u> Chief or Designee approval and copy <u>BCFVA-CABINET@</u>			ıre
Once signed by the Fire Chief, this form MUST be include	ed with you	ar loan application.	
OFFICE USE ONLY			
Date Received: Prior Year Response Rate	e:		

^{* =} Required Information

** = If this is for a new service, you must submit additional documentation to the BCVFA Cabinet before receiving Fire Department approval. V2.2 – rev. July 2024 Clear Form