**INSTRUCTIONS:** complete all information as indicated below and return via fax to (518) 402-0985 or to County EMS Coordinator **ASAP – prior to actual deployment**

Please complete separate crew information sheets for ***each deployed vehicle.***

Vehicle information needs to include the following;

**PLEASE TYPE OR PRINT NEATLY AND CLEARLY**

Operational Period(s):

County: Saratoga

Agency:

Agency Code:      Ambulance ID:       NYS Plate #:

Ambulance cell # (or cell of lead crew member):

Contact:       24 hr phone:

Fax:      Alternate phone:

Email:

|  |  |
| --- | --- |
| Ambulance Radio Frequencies Please check below & enter PL if known | Please note below other available frequencies and PL or subaudible tone if known |
| 155.340 | Y [ ]  | N [ ]  |       |       |
| 155.400 | Y [ ]  | N [ ]  |       |       |
| 155.280 | Y [ ]  | N [ ]  |       |       |
| 155.715 | Y [ ]  | N [ ]  |       |       |

Crew

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | NYS EMT**#** | Level | DOB |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |