



NL Association of Fire Services
221 Memorial Drive Suite D
Clarenville, NL A5A 1R3
709-424-6500;
office@nlfireservices.com

Enhancing Fire services in Newfoundland & Labrador Since 1964

NL Association of Fire Services
Medical Kit Application Form

The NL Association of Fire Services has acquired a quantity of Medical Supplies that can be used by Fire Departments who respond to Medical calls. We will be donating 14 large kits to interested Departments. Please **Fully** complete the following application.

Please note: The deadline to apply is 11:59 p.m. Oct.31st, 2025, your completed application must be submitted to: office@nlfireservices.com

(Please be advised that your fire department must be a member of the association and in good standing)

Contact Information:

Name of Fire Department: _____

Name of Municipality/LSD: _____

Contact Name: _____

Contact Number: _____

Contact Email: _____

Information about fire department:

How many members does your fire department have? _____

What level of Medical Service does your dept provide? _____

What is your annual budget for Fire Protection Services in your municipality/LSD? _____

How many communities does your fire department service? _____

What is the population of the area you serve? _____

On Average for the last 3 years how many Medical Calls does your Department respond to in a year _____



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Confirmation of Liability:

If your fire dept is selected to receive a Medical Kit your Fire Department/ Municipality/LSD must be willing to accept all liability for the donated Medical Equipment.

I, _____ Mayor/Chairperson for the Municipality/LSD of
_____ accept all liability for the Medical Equipment.

Signature Position Date

I, _____ Fire Chief for the Municipality/LSD of
_____ accept all liability for the Medical Equipment.

Signature Position Date

Internal use only		Date
Member is in good standing		