



Fleet Replacement Declaration Form

Requesting Agency: Click or tap here to enter text.

Date: Click or tap to enter a date.

Requesting Apparatus Funding
Funding

Or **Declining Apparatus**

Apparatus Type: Choose an item.
etc.)

Unit Identifiers: (ex: Engine 1, Tanker 2,

Click or tap here to enter text.

Click or tap here to enter text.

VIN #:Click or tap here to enter text.

Requested Vendor: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

****Copy of Spec must be included with pricing****

Disclaimer (print and sign m):

___ I understand it is our responsibility to notify BCoFR when the apparatus is placed in service so the substitution can be made on the insurance policy.

___ I understand that this apparatus will be required to maintain the BCoFR logo as long as it remains in service.

Agency Representative: _____

Title: _____

Approved:

Denied:

Amount Approved: \$ _____

Signature: _____