



## SCORING SHEET

for

### APPLICATION TO PURCHASE FIRE VEHICLE



<b>JURISDICTION (NAME &amp; ADDRESS):</b>  _____ NAME  _____ STREET ADDRESS  _____ CITY                                  COUNTY                                  ZIP	<b>FIRE CHIEF OR DESIGNATED REPRESENTATIVE:</b>  _____ NAME  _____ TITLE  _____ CONTACT PH #:
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<b>PLEASE CHECK <u>ONE</u> BOX FOR EACH OF THE FOLLOWING EIGHT QUESTIONS:</b>		<b>OFFICE USE ONLY</b>
1. APPLICANT'S JURISDICTION IS PRIMARILY:	<input type="checkbox"/> RURAL AREA <input type="checkbox"/> URBAN AREA	
2. APPLICANT'S JURISDICTION ENCOMPASSES THE FOLLOWING NUMBER OF PEOPLE:	<input type="checkbox"/> 1 TO 5,000 <input type="checkbox"/> 5,001 TO 10,000 <input type="checkbox"/> 10,001 TO 20,000 <input type="checkbox"/> OVER 20,001	
3. APPLICANT CURRENTLY HAS THE FOLLOWING NUMBER OF FIRE ENGINES IN SERVICE:	<input type="checkbox"/> 0 TO 2 <input type="checkbox"/> 3 TO 5 <input type="checkbox"/> 6 TO 8 <input type="checkbox"/> MORE THAN 8	
4. TYPE OF AGENCY PROVIDING FIRE PROTECTION SERVICE: <i>(If "other", please specify)</i>	<input type="checkbox"/> VOLUNTEER FIRE COMPANY (H&S Code 14825) <input type="checkbox"/> FIRE DISTRICT - All Volunteer <input type="checkbox"/> FIRE DISTRICT - Paid & Volunteer <input type="checkbox"/> FIRE DISTRICT - All Paid <input type="checkbox"/> OTHER	
5. DOES THE APPLICANT HAVE THE ABILITY TO ADEQUATELY SERVICE AND MAINTAIN THE VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. DOES THE APPLICANT HAVE FACILITIES TO HOUSE THE VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. APPLICANT'S REVENUE SOURCE IS: <i>(If non-tax supported, explain mechanism for generating revenue)</i>	<input type="checkbox"/> TAX SUPPORTED <input type="checkbox"/> NON-TAX SUPPORTED	
8. METHOD OF PAYMENT:	<input type="checkbox"/> CASH PURCHASE	

**NOTICE TO APPLICANT:**

Submission of this application to the California Governor's Office of Emergency Services confers no commitment on either the applicant or the California Governor's Office of Emergency Services to purchase or sell any vehicle.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Fire Chief or Designated Representative)*

**SEND COMPLETED APPLICATION TO:**

California Governor's Office of Emergency Services  
 Fire and Rescue Division  
 3650 Schriever Ave  
 Mather, CA 95655