



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 Name: _____

*Primary Contact & Phone Number: _____

*Apparatus being replaced: **New Service**** **One to 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

*If keeping/other, how are you planning to use it? Be as detailed as possible.

*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

** = If this is for a new service, you must submit additional documentation to the BCVFA Cabinet before receiving Fire Department approval.

*Do you anticipate requesting 508 Funds for this purchase? Yes 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 is not available through the Loan Fund?

*What is the anticipated in-service date for this apparatus? _____

*Signature of Company Officer

Date: _____

*Printed Name of Company Officer

Approved Denied

Signature of Fire Chief or Designee, Baltimore County

Date: _____

Printed Name of Fire Chief or Designee, Baltimore County

Fire Chief or Designee Comments: _____

Please email completed form to BCVFA-ADMIN@BALTIMORECOUNTYMD.GOV for Fire Chief or Designee approval and copy BCFVA-CABINET@BCVFA.ORG.

Once signed by the Fire Chief, this form **MUST** be included with your loan application.

OFFICE USE ONLY

Date Received: _____ Prior Year Response Rate: _____

* = Required Information

** = If this is for a new service, you must submit additional documentation to the BCVFA Cabinet before receiving Fire Department approval.