

# Clark County Fire Department

## Fire Prevention Bureau

575 E Flamingo Rd • Las Vegas NV 89119-6950 • Phone (702) 455-7100 • Fax (702) 735-0775  
Website: [www.co.clark.nv.us/fire/firedept.htm](http://www.co.clark.nv.us/fire/firedept.htm)

### Apparatus Standby Request/Authorization

Minimum fee for an "Apparatus Standby" is \$1,200.00, payable in the form of cash or check to the Clark County Fire Department, and due at time of request submittal. The \$1,200.00 fee is a 4-hour minimum standby at \$300.00 per hour for (1) unit, which includes set-up and drive time. Should the apparatus standby exceed the 4-hour minimum, additional fees of \$300.00 per hour per unit (rounded up) will be assessed and invoiced to the requesting company. Contact CCFD financial personnel at (702) 455-7043 should you have questions regarding these fees.

**Requesting Company Name:** *(Please print or type information)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_  
Contact Fax #: \_\_\_\_\_

Number of Units Requested \_\_\_\_\_  
Prepaid Acct # (if established) \_\_\_\_\_

**Apparatus Standby Requested for:** *(Please print or type information)*

Purpose/Event: \_\_\_\_\_  
Complex/Facility Name: \_\_\_\_\_  
Complex/Facility Address: \_\_\_\_\_  
On-Site Company Rep + Phone & Cell #: \_\_\_\_\_  
Alternate On-Site Contact + Phone & Cell #: \_\_\_\_\_  
Reporting Location for Apparatus: \_\_\_\_\_  
Requested Standby Date(s): \_\_\_\_\_  
Requested Time(s): \_\_\_\_\_

**I understand payment of \$1,200.00 must accompany this request, that I will be invoiced for additional fees if the apparatus standby exceeds the 4-hour minimum, that this request and the minimum \$1,200.00 payment must reach the Clark County Fire Department no less than (7) business days prior to the requested standby date(s), and that failure to do so may result in my having to reschedule the requested standby date.**

_____ Company Representative – Print Name	<b>X</b> _____ Company Representative – Signature	_____ Date
_____ CCFD Representative – Print Name	<b>X</b> _____ CCFD Representative – Signature	_____ Date

Clark County Fire Department Use Only	
_____ Plan Number	_____ Processed By
_____ Assigned Inspector	_____ Authorized FPB Supervisor