



# Clark County Fire Department

575 E. Flamingo Rd • Las Vegas, NV 89119-6950 • Phone: (702) 455-7311  
Email: [CCFDEVENTS@clarkcountynv.gov](mailto:CCFDEVENTS@clarkcountynv.gov)

## Apparatus Standby Request/Authorization

**\*\*Must be received by the Clark County Fire Department not later than 72 business hours prior to requested time\*\***

**This request is not a guarantee of service until approved in writing by the Clark County Fire Department.**

In accordance with Title 13, Chapter 13.04 of the Clark County Code, apparatus standby fees are **\$515.00 per hour** per apparatus. The minimum fee for an "Apparatus Standby" is **\$2,060.00** (\$515.00 per hour for a 4-hr minimum), payable in the form of a check (US currency) to the Clark County Fire Department, located at 575 E. Flamingo Road, Las Vegas, NV 89119 at the time of request submittal, unless your company has been pre-approved for an escrow account. The total number of hours will be calculated including set-up and drive time. ***If approved, authorization is only for the number of hours requested on this form.*** Additional time must be requested not later than 24 hours prior to requested time onsite and are only authorized if approved in writing. Additional fees of **\$515.00 per hour** per unit (rounded to the next quarter hour) **must be pre-approved by the Clark County Fire Department** and will be assessed and invoiced to the requesting company.

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

Name: \_\_\_\_\_

Number of Units Requested

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**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 \$2,060.00 must accompany this request, that I will be invoiced for additional fees if the standby exceeds the 4-hour minimum, that this request and the minimum \$2,060.00 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)*

X \_\_\_\_\_  
Company Representative *(signature)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCFD Representative *(print name)*

X \_\_\_\_\_  
CCFD Representative *(signature)*

\_\_\_\_\_  
Date

**FOR FIRE DEPARTMENT USE ONLY**

\_\_\_\_\_  
Assigned Number

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Assigned Inspector

\_\_\_\_\_  
Authorized FD Supervisor