DISASTER RESPONSE ROUTES (DRR)
REQUEST FOR ACCESS IDENTIFICATION

This form is to be completed by organizations requesting Disaster Response Routes (DRR) use and identification tags and authorization for use of the DRR logo. This identification will allow users to have access to activated DRRs during a disaster. Accessibility to the designated multi-modal routes would be limited to those responders and suppliers requested and/or required to assist during the response and early recovery stages of a disaster. DRRs are only to be used when actually providing assistance. For more information on what a DRR is and who should have access go to the Provincial website, Disaster Response Routes:

http://www.th.gov.bc.ca/popular-topics/driver_info/route-info/disroute/disaster_response_routes.htm

In order for an organization to obtain DRR access authorization, identification and permission for use of the DRR logo, this form must be completed printed out, scanned and sent to **DRR.Info@gov.bc.ca**

The DRR logo is copyrighted and permission for its use is obtained by this application process.

PLEASE NOTE: Application approvals may take several weeks to be processed by the DRR Access Committee. Notification of application status is sent electronically. Approved organizations will receive a signed copy of this form, an order form for DRR tags and a copy of the DRR logo. The signed and approved copy of this form must accompany all DRR tag orders.

REQUESTOR INFORMATION

Organization Name	
Contact Person	
Position or Title	
Address	
Telephone	E-mail

Date of Request:
DD   MM   YYYY   20

REQUESTOR APPROVAL

This application must have the approval of the applicant organization's senior management. This person is ultimately responsible for ensuring that their organization use the DRR tags and logo for their intended purposes and that the organization will make all reasonable efforts to manage the tags it distributes. This person may be contacted for application verification.

Name of Approver	
Position or title	
Telephone	E-mail

DISASTER RESPONSE ROUTES (DDR)
REQUEST FOR ACCESS IDENTIFICATION

REQUEST DETAILS	
Reason for Request: Provide a brief description why your organization employees require access to a DRR during a disaster: • What service(s) will your organization provide? • Who will receive this service? Please be specific.	
Indicate the employee types that will have tags (i.e. Director of Emergency Preparedness, Managers, Transporters, etc). Please be specific.	
Indicate approximate number of employees / vehicles to have identification.	
Indicate internal control process for management of tags. Specifically: • How will tags be distributed? • How will tags be managed? • How will tags be returned if an employee is leaving the position they received the tag for?	
If your organization is providing services via a contract, please indicate the start and end dates of the contract.	

TO BE COMPLETED BY DRR ACCESS COMMITTEE

APPROVALS	☐ Yes ☐ No

Reason for Non-approval _____

Completed by: (Name) _____

Date Completed: _____ 20_____
                  DD   MM   YYYY