

**EDDY COUNTY  
FIRE SERVICE**



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**PERSONNEL AUTOMATIC AID FORM**

Member Name / Date: \_\_\_\_\_

Members Current Department: \_\_\_\_\_

Department Requesting to aid: \_\_\_\_\_

Reason for aid request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Chief Comments: \_\_\_\_\_

\_\_\_\_\_

Member in good standing?  Yes  No

Current Chief Signature / Date: \_\_\_\_\_

Receiving Department Chief Comments: \_\_\_\_\_

\_\_\_\_\_

Receiving Department Chief Signature / Date: \_\_\_\_\_

*Member is responsible for providing all training certificates to the aided department.*

*All members wishing to aid another department must complete form. Form is to be completed by both departments and kept on file at both departments. Form must be completed and resubmitted July of every odd year.*