


# Apparatus: 73Tk1

## Apparatus

**Apparatus ID:**  

Department Apparatus Name:


**NFIRS Apparatus Type:**

NEMSIS 2 Vehicle Type:

**Primary Use:**

NEMSIS 2 Default Primary Role Of The Unit:

NEMSIS 2 EMS Default Unit Service Level:

Vehicle Number:  

VIN Number:

License Plate Number:

**Station:**

Manufacturer:

Year of Manufacture:

Model:

Engine:

Tank Volume:  Gallons

Pump Type:

Pump Manufacturer:

Vehicle Initial Cost:  Dollars

Date In Service:  (mm/dd/yyyy)

What year do you expect to replace it?  (yyyy)

In Service  No  Yes

**NFPA Compliance Required?**  No  Yes

Inspection Frequency

Apparatus Ownership  Not Department Unit  Department Unit

Picture:  No file chosen

Notes: