

Revised Sept 2013
Annex A
To WSAO 218
Dated January 2008

**RECREATIONAL VEHICLE COMPOUND
REGISTRATION FORM**

Personal Information:

Name of Owner(s): _____

Rank: _____ SN/PRI #/Retired Military # _____

DOB (d/m/yr) _____

Complete Mailing Address: _____

Town/City: _____ Postal Code: _____

E-Mail: _____

Home/Cell #: _____ Work #: _____

Emergency: Sponsor Contact Information

Name: _____ E-Mail: _____

Home/Cell #: _____ Work #: _____

Registration Details:

Security Deposit: _____

Amount Paid site # Receipt Date

Amount Paid site # Receipt Date

Amount Paid site # Receipt Date

RV Compound Name Site Number(s) Priority Level

PLCC Card Stamped: _____
Date Staff Name

****Must be completed for each recreational vehicle****

Vehicle 1:

Make/Model/Year: _____ **Description:(color,size etc.):** _____

Registration #: _____ **Licence Plate #:** _____

Serial/VIN: _____ **Compound & Site #:** _____

Insurance Company: _____ **Policy#:** _____ **Exp.Date:** _____

Vehicle 2:

Make/Model/Year: _____ **Description:(color,size etc.):** _____

Registration #: _____ **Licence Plate #:** _____

Serial/VIN: _____ **Compound & Site #:** _____

Insurance Company: _____ **Policy#:** _____ **Exp.Date:** _____

Vehicle 3:

Make/Model/Year: _____ **Description:(color,size etc.):** _____

Registration #: _____ **Licence Plate #:** _____

Serial/VIN: _____ **Compound & Site #:** _____

Insurance Company: _____ **Policy#:** _____ **Exp.Date:** _____

Vehicle 4:

Make/Model/Year: _____ **Description:(color,size etc.):** _____

Registration #: _____ **Licence Plate #:** _____

Serial/VIN: _____ **Compound & Site #:** _____

Insurance Company: _____ **Policy#:** _____ **Exp.Date:** _____

****Payment History****

Date	Receipt	Amount	Insurance Policy	Insurance expiry date

I have read and understood the 4 Wing Standard Operating Procedures for the RV Compound (WSAO 218). In particular, I agree to move my property within the compound or remove it altogether, when requested by the Wing Personnel Services Officer(W Pers Svcs O) or the Wing Chief Warrant Officer (WCWO) in order to meet the requirements of the DND and or 4 Wing Cold Lake. Failure to comply will result in CoC being notified and my respective property being towed at my own expense. In addition, I agree that if my respective property is left abandoned 30 days beyond the current season (April 1 – March 31), my property will be removed by a local towing company and I will be held financially responsible for any costs incurred in removing/disposing of property. For this section, “ABANDONED,” means no renewal payment was received within 30 days past the expiry agreement. I also agree that it is acceptable for updates concerning payments, schedules or other notifications can be communicated to me via email address I have provided.

Note: 4 Wing cannot be held accountable or liable for any loss or damage to personal belongings being store in these facilities. Storage or any belongings in the designated RV Compound areas will while be at owners’ risk.

Please Print Name

Signature

Date

*Members are expected to make arrangements with their sponsor to move any contents as needed, prior to TD/Deployment as stated in the Alternate Contact Agreement in the SOPs.

Clearing Out Information:

RV Compound Name: _____ **RV Site Number(s):** _____

PLCC Card Stamped:

Date

Staff Name

Inspection

Cleaning Bond Issued

Staff Name