



# Roseboro Rescue and E.M.S. Inc.

PO Box 891 Roseboro N.C., 28382  
Phone: 910 525-4817 Fax: 910 525-4522  
[www.rosebororescue.com](http://www.rosebororescue.com)



**Chief**  
Richard A. Walters, Jr.

**EMS Division**  
Captain: Robert J. Davis

**President: Board Of Directors**  
L. Travis Pope

**Rescue Division**  
Captain: Joel L. Faircloth, Jr.

**Assistant Chief**  
Adam Pearsall.

**Dive Division**  
Captain: Kenneth A. Cannady

Thank you for your inquiry to Roseboro Rescue and EMS Inc... This packet includes a brief history of the department, requirements/qualifications for each division of the department, benefits of being a member, the process of becoming a member and documents that we need for you to fill out and return to start the process.

Our department has been in service since 1973 serving Western Sampson County and municipalities of Roseboro, Salemburg and Autryville. We are a 100% volunteer department. We have three divisions that provide EMS, RESCUE and DIVE services at the local, state and regional levels. We operate our EMS division at the EMT-Intermediate level through the NC Office of EMS. Our RESCUE services include Medium Rescue Provider through NCAREMS. The RESCUE division members maintain credentials for Agriculture Rescue, High/Low Angle Rescue as well as Confined Space and Trench Rescue. Lastly, we are home of the Sampson County DIVE Team. The DIVE division specializes in victim recovery, evidence recovery and in coordination with the RESCUE division operates Swift Water Rescue. Roseboro Rescue and EMS, Inc. offer many areas of credentialing and training to be competent providers in these special areas. We encourage members to diversify themselves in these different services.

As an applicant, you will be called upon to interview with the Board of Directors of the department. This is a "casual" interview which consists of getting to know you and your intentions. At this time, the Board will make a decision on what is in the best interest of the Department, and will notify you accordingly a few days later.

Any applicant that is not certified at a minimum Medical responder Level (MR), or is requesting Department Educational Sponsorship (any level); will be required to complete the 2-Year Commitment Agreement Form. For non-sponsorship applicants, this section / form does not apply.

Before your initial meeting with the Board of Directors, we would like for you to take the time to fill out some paperwork. This paperwork can be found in the pockets of the New Applicant folder. This information includes:

1. Application
2. Emergency Service Data Sheet
3. NCAREMS Benefit Application
4. Certified criminal history/Background check
5. NC Pension Enrollment Form
6. 2-Year Sponsorship Agreement Form

You will also need to include the following items with your packet

1. A copy of your driver's license
2. A copy of your current certifications

The Certified Criminal History/Background Check must be completed **prior** to the application submission, and before an appointment decision can be made by the Board of Directors, without exception.

After this paperwork is filled out please return it to the department and give to a member or drop in burgundy mailbox outside the officers' door. You will be contacted regarding your interest in the department and be given a date and time for interview with the Board of Directors. All other papers in this folder should remain with you to further answer any questions you may have regarding membership, benefits and qualifications/requirements for each division(s) membership.

**\*\*\*Please Return pages 2 through 6; and keep the remainder for your records\*\*\***

Thank you for your interest in Roseboro Rescue and EMS, Inc. We look forward to meeting with you soon!  
If you have any questions please direct it to the division officers listed above first.

## Roseboro Rescue and E.M.S., Inc.

P.O. Box 891, 400 Howard St., Roseboro N.C. 28382

Phone (910) 525-4817 Fax (910) 525-4522

Email: rescue@rosebororescue.com

www.rosebororescue.com

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Drivers License State: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, describe on back of application.

Do you give permission for the Chief to examine your driving record? \_\_\_\_\_

**Check the appropriate box** for the Division(s) of the Squad for which you are applying:

E.M.S. ☐ Rescue ☐ Dive ☐ Auxiliary ☐ Sponsorship ☐

Please list any and all applicable certifications and classes for the Division applied for:

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

Please list two references and give phone number 1) \_\_\_\_\_

2) \_\_\_\_\_

(Continued on the Next Page)

Office use Only: 1<sup>st</sup> contact date: \_\_\_\_\_ by who: \_\_\_\_\_ interview date: \_\_\_\_\_

Member / Radio ID # assigned: \_\_\_\_\_ Mentor: \_\_\_\_\_ Education Mentor: \_\_\_\_\_

EMS Team Assignment: \_\_\_\_\_ Added to database date: \_\_\_\_\_ Added to Active911 date: \_\_\_\_\_

Probation Ending Date: \_\_\_\_\_ Added to Shift Calendar date: \_\_\_\_\_ Appointment as full member: \_\_\_\_\_

Roseboro Rescue & E.M.S., Inc. is an Equal Opportunity Employer

Rev. 11/20/17

Please list any past or related - E.M.S, Rescue, or Fire experience: \_\_\_\_\_

\_\_\_\_\_

Each applicant must be able to log roll an average size person of 150 pounds onto a spine board and with the assistance of one other rescuer, using proper lifting techniques, lift the person onto the stretcher and place in the back of the ambulance. Each member, if put on the squad, will abide by the By-Laws and Standard Operating Guidelines of Roseboro Rescue & E.M.S., Inc. Each member may be subject to a back ground check at any time.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Chief of the Department: \_\_\_\_\_

For administrative purposes only

Board Approval: \_\_\_\_\_ Board Disapproval: \_\_\_\_\_ Tabled: \_\_\_\_\_

Voted on after 180 days: \_\_\_\_\_ Board Member Signature: \_\_\_\_\_



## Emergency Service Personnel Data Sheet

First Name	
Last Name	
Home Address	
City	
State	
Zip	
Department	
Social Security Number	
Telephone	
Email Address	

<b>Emergency Medical Certifications Only</b>	
NC Recertification Date (Primary Dept)	
Technician Number (Primary Dept)	
Level of Certification (Primary Dept)	
NC Recertification Date (Secondary Dept)	
Technician Number (Secondary Dept)	
Level of Certification (Secondary Dept)	
National Recertification Date	
CPR Recertification Date	
EVD Certification Date	
HAZMAT Certification Date	
ACLS Recertification Date	
PALS Recertification Date	
BTLS Recertification Date	
PEPP Certification Date	
SAR Team	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tactical Team	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dive Team	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Primary Department: \_\_\_\_\_  
 Secondary Department: \_\_\_\_\_

Entry Date \_\_\_\_\_  
 Internal Use Only  
 10/01/2017





# Enrolling in the Firefighters' and Rescue Squad Workers' Pension Fund

Please print or type in black ink.

## Section A. Tell us about yourself.

TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	SSN
ADDRESS LINE 1				EMAIL ADDRESS	
ADDRESS LINE 2				GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH	

## Section B. Please review Pension Fund enrollment requirements.

If you meet the requirements and conditions outlined in Guides A and B, you can become a member of the Pension Fund. If you previously received a refund and no longer have Pension Fund contributions, you must complete this form if you wish to establish current membership in the Pension Fund. See guides for more information.

## Section C. Please authorize your enrollment in the Pension Fund with your signature.

I certify that I have read the information on this form and the guides, and I am an eligible firefighter or eligible rescue squad worker (as defined in Guide A) and request to be enrolled in the Pension Fund. I understand that my enrollment will be effective in the month in which the Pension Fund receives this form along with proof of birth and Social Security number and my first required monthly contribution of \$10.00. I understand that future \$10.00 contributions for each month of service credit in a calendar year must be received in the Pension Fund office by March 31 of the following year in order to be properly credited.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to your fire department or rescue squad to complete Section D.

## Section D. Department/Squad, please certify applicant is a member of your department/squad.

FIRE DEPARTMENT OR RESCUE SQUAD NAME	DEPT./SQUAD NO. (if known)	COUNTY
--------------------------------------	----------------------------	--------

What was the first day of service (mm-dd-yyyy)? \_\_\_\_\_ ☐ Firefighter ☐ Rescue Squad Worker

I certify that the applicant named in Section A is a current member of this department/squad, and that the information provided in this section (Section D) is true and correct to the best of my knowledge.

Chief, Captain, or  
Authorized Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE
E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.

## Section E. Please attach the following required items to this form.

- ☐ Submit proof of birth by providing a copy of one of the following: driver's license, birth certificate, passport, or state, federal or military identification.
- ☐ Submit a copy of your Social Security card or statement from the Social Security Administration with full name and Social Security number.
- ☐ Submit your \$10.00 check made payable to the Firefighters' and Rescue Squad Workers' Pension Fund.

## Section F. Please submit this form and required items by mail to address below. Thank you.

N.C. Department of State Treasurer, Firefighters' and Rescue Squad Workers' Pension Fund  
3200 Atlantic Avenue, Raleigh, North Carolina 27604  
1-877-NCSECURE (1-877-627-3287) toll-free  
www.myncretirement.com

REV 20160922

**350**  
F&R ENROLLMENT

## DEATH OF A SQUAD MEMBER

Notify the Association Office immediately when a death occurs. Send  
one (1) copy of the Death Certificate to the Association Office.  
In changing a Beneficiary, PLEASE FILL OUT ANOTHER APPLICATION CARD AND MARK  
AT THE TOP "CHANGE OF BENEFICIARY".  
BROTHERHOOD MEMBERS MUST ABIDE BY THE RULES & BYLAWS OF THE  
BENEVOLENT BROTHERHOOD!

Application For Membership			
North Carolina Association of Rescue & Emergency Medical Services, Inc.			
Benevolent Brotherhood		SQUAD _____	
1. NAME	_____	Soc. Sec. # _____	Date _____
	last                  first                  middle		
2. ADDRESS	CITY _____		ZIP _____
3. DATE OF BIRTH: Day _____	Month _____	Year _____	
4. PLACE OF EMPLOYMENT	_____		
5. DESIGNATED BENEFICIARY	_____		
	Name	Relation	
6. ADDRESS OF BENEFICIARY	_____		
7. The applicant has read and understands the requirements for membership, and agrees to abide by the rules and bylaws of this Benevolent Brotherhood.			
			_____ Signature of Applicant
8. I, _____	of _____		_____ Squad
certify that the above-named applicant became a member of this squad and is now a member in good standing, and to the best of my knowledge is in good health.  Volunteer _____ Paid _____			_____ Date  _____ Signature of Squad Official

**BENEFIT \$5,000.00**

### 3.3 ARTICLE III (Membership)

3.3.1.1 A member must join the Brotherhood within five (5) years after becoming a member of the Association.  
Unless, the department and all members join the Brotherhood as a unit.

3.3.1.2 A member must join the Benevolent Brotherhood before they reach their sixty-fifth (65) birthday.



# **N.C. Association of Rescue & Emergency Medical Services, Inc.**

## **Benevolent Brotherhood**

Pursuant to action taken by the Board of Directors of the North Carolina Association of Rescue and Emergency Medical Services, Inc., there is established a Benevolent Brotherhood Fund to be known as "The North Carolina Association of Rescue and Emergency Medical Services Benevolent Brotherhood."

The purpose of the Benevolent Brotherhood is to render financial aid to the beneficiary and immediate family of any member, who at the time of his/her death, is in good standing as a member of the Benevolent Brotherhood.

Membership in the North Carolina Association of Rescue and Emergency Medical Services Benevolent Brotherhood shall be available to all present members and/or officers of rescue squads that are affiliated with or subsidiaries of the North Carolina Association of Rescue and Emergency Medical Services, Inc.

A member must join the Brotherhood within five (5) years after becoming a member of the Association. Unless, the department and all members join the Brotherhood as a unit.

A member must join before their sixty-fifth (65) birthday.

Applicants for membership in the Benevolent Brotherhood shall be in good health.

To be a member of the Benevolent Brotherhood, a member of a squad must be a member of the North Carolina Association of Rescue and Emergency Medical Services, Inc.

Upon receipt of proof of death (Death Certificate) of a member of this Benevolent Brotherhood (which may be from any cause, except that no benefits are to be paid in the event of death by suicide unless the deceased has been a member of the Benevolent Brotherhood for a period of two (2) years or longer), the Executive Director-Treasurer shall pay, as soon as it is practical, to the beneficiaries designated by the deceased member, the amounts as specified in these bylaws.

5,500 members .....	\$ 4,500.00
6,500 members.....	\$ 5,500.00
7,000 members.....	\$ 6,000.00
8,000 members.....	\$ 7,000.00
9,000 members.....	\$ 8,000.00
10,000 members.....	\$ 9,000.00
11,000 members.....	\$10,000.00

The Benevolent Brotherhood shall furnish an Association flag for the graveside services or for the family, when requested by the deceased member's family.

## **Benevolent Brotherhood**

The Benevolent Brotherhood is a fund provided by the Association to a deceased member of a Rescue Squad. The Benevolent Brotherhood pays benefits as provided for in ARTICLE VIII in the Benevolent Brotherhood Bylaws.

To be a member of the Benevolent Brotherhood, a member of a squad must first be a member of the North Carolina Association of Rescue and Emergency Medical Services, Inc.

### **N.C.A.R. & E.M.S. BENEVOLENT BROTHERHOOD**

N.C.A.R. & E.M.S. JOINING FEES ARE.....\$12.00 per member

JOINING FEES ARE.....\$4.00 per member

TOTAL JOINING FEES.....\$16.00 per member

PLUS ONE DOLLAR (\$1.00) UPON THE DEATH OF A MEMBER OF THE BENEVOLENT BROTHERHOOD.

# Benefits for Members Only (Members pay annual dues)

## Accidental Death and Dismemberment

\$20,000.00 - Coverage is 24 hours a day. (Administered by the NCAR&EMS) \$2,500 per member provided by American Income

The North Carolina Association of Rescue & E.M.S., Inc. is proud to make available an Accidental Death and Dismemberment Plan for all Rescue & E.M.S. workers.

24 Hour / All Risk / Accidental Death and Dismemberment Plan is a highly practical program that provides greater peace-of- mind to Rescue & E.M.S. workers. It gives all eligible persons the security they need and deserve.

### **\$20,000 ACCIDENTAL DEATH AND DISMEMBERMENT PLAN** *24 HOURS A DAY - ALL RISKS*

#### **Qualifications:**

1. Shall be a NCAR&EMS member whose name appears on a roster filed by a department who is affiliated with the NCAR&EMS. Any member who is dismissed from his or her squad for any reason shall immediately forfeit membership in the NCAR&EMS.
2. Retired members must remain a member of the NCAR&EMS and meet one of the following:
  1. 20 years of service as eligible rescue or ems worker
  2. Disabled
    1. six months for in-line-of-duty
    2. five years for non-duty
3. Coverage is 24 hours a day.
4. Must submit medical documentation.
5. Acts of war, self inflicted dismemberments or dismemberments while committing a crime will not be eligible.
6. Complete application must be made within 90 days.
7. Application shall be made on forms furnished by the NCAR&EMS.
8. Payments shall be as follows.

<b>Loss of</b>	<b>Benefit</b>
both hands	\$20,000.00
both feet	\$20,000.00
sight of both eyes	\$20,000.00
one hand and one foot	\$20,000.00
one hand and sight of one eye	\$20,000.00
one foot and sight of one eye	\$20,000.00
one hand	\$10,000.00
one foot	\$10,000.00
sight of one eye	\$10,000.00
finger or toe (each)	\$2,000.00



The total amount payable to any one member for any accidental dismemberment or accidental death shall not be more than the principal sum.

9. No expenditures shall be made unless the board has certified that such expenditures will not render the fund actuarially unsound for the purpose of providing this benefit. If for any reason, funds are unavailable to pay in full this benefit, benefits shall be reduced pro rata for as long as the amount of insufficient funds exists. No claims shall accrue with respect to any amount by which this benefit has been reduced.

### **Frequently asked questions:**

1. Am I covered on and off duty?

Yes. Whether you are on or off duty, the full \$20,000 would be paid if death occurred as a result of an accident.

2. What are the covered activities?

Any activities while on duty or personal time - 24 HOURS A DAY / ALL RISK!

3. What is the Accidental Death and Dismemberment plan?

When, as the result of an injury a member of the Plan suffers any one of the losses listed below, we will pay the applicable benefit. The loss must occur within 365 days of the date of accident which resulted in the injury. The Plan must be in effect for the member at the time of the accident. We will only pay one benefit for any loss. If more than one loss occurs due to the same accident, we will pay the larger amount for any one of the losses.

4. Who is eligible?

All Rescue & E.M.S. workers who are on an eligible department and members of the N.C. Association of Rescue & E.M.S., Inc.

5. Do I have to satisfy any medical requirements?

No. There are no health questions asked.

6. How much does it cost?

There is no cost to any member of the N.C. Association of Rescue & E.M.S., Inc.

7. What will not be covered?

Acts of war and suicide are not covered.

### **Benevolent Brotherhood**

Death Benefit is \$5,000.00 which is payable upon death of a member in the fund. (Benefit increases \$1,000.00 with each increase in membership of 1,000.) Administered by the NCAR&EMS [Brotherhood](#)

## Local Government Federal Credit Union Visa Debit Card

Help us help you! As an Association member you're entitled to belong to the LGFCU. Your VISA debit card will apportion 50% of the merchant transaction fees to the Association. For complete information please follow

## NC Vision Health Plan 1500

Program details:

- [Brochure with program](#) (Adobe PDF format)
- [Provider](#)
- [Provider](#)
- [-mail contact @](#)

\$55 Wellness eye examination - 25% Discount on eyeglasses - off total purchase including upgrades (excludes Budget eyewear) - 25% Discount on sunglasses (unless prohibited by manufacturer) - 20% Discount on contact lenses (excludes disposables) - 10% Discount on 1 year supply of disposables. Just show your Association Membership Card at the time of your doctor's visit to receive your discount.

## Monetary Compensation

\$200.00 - Member must show evidence to type of natural or man made catastrophe event or proof of monetary loss. Administered by the NCAR&EMS

### Qualifications:

1. Shall be a NCAR&EMS member whose name appears on a roster filed by a department who is affiliated with the NCAR&EMS. Any member who is dismissed from his or her squad for any reason shall immediately forfeit membership in the NCAR&EMS.
2. Retired members must remain a member of the NCAR&EMS and meet one of the following;
  1. 20 years of service as eligible rescue or ems worker
  2. Disabled
    1. Six months for in line of duty
    2. Five years for non duty
3. Member must show evidence to type of natural or man made catastrophe event or proof of monetary loss.
4. Payments shall be in the amount of \$200.00
5. Complete application must be filed within 90 days.
6. Application shall be made on forms furnished by the NCAR&EMS.
7. No expenditures shall be made unless the board has certified that such expenditures will not render the fund actuarially unsound for the purpose of providing this benefit. If for any reason, funds are unavailable to pay in full this benefit, benefits shall be reduced pro rata for as long as the amount of insufficient funds exists. No claims shall accrue with respect to any amount by which this benefit has been reduced.

## **Natural deaths**

\$1000.00 (Administered by the NCAR&EMS)

### **Qualifications:**

1. Shall be a NCAR&EMS member whose name appears on a roster filed by a department who is affiliated with the NCAR&EMS. Any member who is dismissed from his or her squad for any reason shall immediately forfeit membership in the NCAR&EMS.
2. Retired members must remain a member of the NCAR&EMS and meet one of the following;
  1. 20 years of service as eligible rescue or ems worker
  2. Disabled
    1. six months for in-line-of-duty
    2. five years for non-duty
3. Copy of death certificate must be furnished.
4. Payment will not be made until certificate is received.
5. Suicide will not be eligible for benefits for the first two years.
6. Complete application must be made within 90 days.
7. Application shall be made on forms furnished by the NCAR&EMS.
8. Payments shall be as follows;
  - o Natural Death \$1000.00

Payment shall be to spouse. The term "spouse" shall mean the wife or husband of the deceased rescue squad or EMS worker. If there be no spouse qualifying, then payment shall be made to any surviving dependent child and if there be more than one surviving dependent child, then said payment shall be made to and equally divided among all surviving children. If there be no spouse and no dependent child or children, then the payment shall be made in equal payments to the dependent parent or parents. If there be no parent or parents, then no benefit will be paid.

The total amount payable to any one member for any accidental dismemberment or accidental death shall not be more than the principal sum.

9. No expenditures shall be made unless the board has certified that such expenditures will not render the fund actuarially unsound for the purpose of providing this benefit. If for any reason, funds are unavailable to pay in full this benefit, benefits shall be reduced pro rata for as long as the amount of insufficient funds exists. No claims shall accrue with respect to any amount by which this benefit has been reduced.

## **Scholarship for members**

\$210,000.00 per year-

35.... \$4,000.00 scholarships awarded

35.... \$2,000.00 scholarships awarded

Applicants must be NCAR&EMS members. Applications and rules will be on our web-site on January 1st of each year and will remain until March 31st. Applicants must apply by March 31. Administered by the NCAR&EMS. (see the scholarship page for additional details and application forms)



## **Scholarship for spouse of in-line-of-duty death**

Spouse may choose two (2) or four (4) year school. Two (2) year scholarship shall be \$2,000.00. Four (4) year scholarship shall be \$12,000.00.\* Administered by the NCAR&EMS. (see the scholarship page for additional details and application forms)

### **Qualifications:**

1. Shall be a NCAR&EMS member whose name appears on a roster filed by a department who is affiliated with the NCAR&EMS when the in line of duty death occurs.
2. Member must have died in the line of duty.
3. Eligible spouse must make application within two (2) years after the in line of duty death of the eligible member.
4. Spouse may choose two (2) or four (4) year school.
5. Two (2) year scholarship shall be \$2,000.00.
6. Four (4) year scholarship shall be \$12,000.00.
7. Any spouse attending a two (2) or four (4) year school at the of death of eligible spouse shall be eligible for a pro rata scholarship.
8. Application shall be made on forms furnished by the NCAR&EMS.
9. No expenditures shall be made unless the board has certified that such expenditures will not render the fund actuarially unsound for the purpose of providing this benefit. if for any reason, funds are unavailable to pay in full this benefit, benefits shall be reduced pro rata for as long as the amount of insufficient funds exists. no claims shall accrue with respect to any amount by which this benefit has been reduced.



## Order Instructions for Roseboro Rescue and EMS, Inc.

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **RM50** Background Check

### About

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#### About CastleBranch

Roseboro Rescue and EMS, Inc. has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into [castlebranch.com](https://mycb.castlebranch.com/) and entering your username (email used during order placement) and your secure password.

### Order Summary

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#### Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.



Ordering your own background check?

Please enter the organization's package code.

Package Code:

RM50

[Submit](#)

School Administrators and Employers, log in to your Administrator Portal to view and manage your students and applicants and their orders.

If you do not know the package code, please contact Customer Service at (888) 723-4263 or [customerservice@castlebranch.com](mailto:customerservice@castlebranch.com)