

Initial Fire Department Recognition Checklist

This document is intended to assist you in the completion of an initial Fire Department Recognition and to appoint an Assistant to the Commissioner. If you need assistance, please call (615) 350-6443.

INITIAL FIRE DEPARTMENT RECOGNITION: *(Not currently recognized by the State Fire Marshal's Office)*

1. -Complete the Assistant to Commissioner Application. (see the Assistant to Commissioner Checklist)
2. -Please complete the entire Fire Department Recognition Application.
3. -Once completed, have the Fire Department Recognition Application signed by the highest ranking fire official of the fire department applying.
4. -If your fire department was formed after July 1, 2003, the fire department recognition application must include a map denoting your department's primary response areas with a copy of the approved resolution or have the local elected governing body sign the application:

- a. City/Town Mayor/Manager; or
- b. County Mayor/Executive

The local 9-1-1 Emergency Communications Center may be able to provide a primary response map.

5. Make a copy of the following for your records, enclose the original documents and mail them to the address denoted below:

- | | |
|---|--|
| <input type="checkbox"/> -Initial Fire Department Recognition Application | <input type="checkbox"/> -Primary Response Map |
| <input type="checkbox"/> -Assistant to the Commissioner Application | <input type="checkbox"/> -\$50.00 Check |
| <input type="checkbox"/> -Copy of the approved resolution or signature of the local elected governing body on the application | |

PLEASE MAKE ALL CHECKS PAYABLE TO THE DEPARTMENT OF COMMERCE AND INSURANCE AND SEND TO:

TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE
State Fire Marshal's Office
ATTN: Education & Outreach Section 9th Floor
500 James Robertson Parkway Nashville, TN 37243-1159

Initial Fire Department Recognition Application

Fire Department Legal Name: _____ FDID: _____

Primary County: _____ Mailing Address: _____

City: _____ State: _____ Zip code: _____

Business Phone: (____) _____ - _____ Business Fax: (____) _____ - _____

Website: _____ Primary Email: _____

Fire Department Organization Type: -Local Government (County, City, Town) -Private, non-profit
-Federal Government -Private, for-profit

FIRE DEPARTMENT SERVICES PROVIDED (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> -Structural Fire Suppression | <input type="checkbox"/> -Wildland Fire Suppression | <input type="checkbox"/> -Airport Rescue Firefighting |
| <input type="checkbox"/> -Maritime Operations Firefighting | <input type="checkbox"/> -Occasional Fire Prevention Program | <input type="checkbox"/> -Formal/Year-Round Fire |
| <input type="checkbox"/> -Fire Investigations | Primary cause and origin for fires is determined by: _____ | |
| <input type="checkbox"/> -Rescue Operations Level | <input type="checkbox"/> -Rescue Technical Level | |
| <input type="checkbox"/> -Haz-Mat Operational Level | <input type="checkbox"/> -Haz-Mat Technical Level | |
| <input type="checkbox"/> -Basic Life Support | <input type="checkbox"/> -Advanced Life Support | <input type="checkbox"/> -EMS Transport Provided |

FIRE DEPARTMENT PERSONNEL & CHARACTERISTICS

_____ <i>Volunteer</i>	An active firefighter who receives no financial compensation for their services other than life/health insurance, workmen's compensation insurance.
_____ <i>Paid On Call/Stipend</i>	An active firefighter who receives a nominal fee based on per event basis.
_____ <i>Career</i>	An active firefighter who receives financial compensation for their services.
_____ Total Firefighters	Volunteer + Paid On Call/Stipend + Career = Total Firefighters
_____ <i>Trained Firefighters</i>	Of the total firefighters, how many have completed either the (1) basic firefighter 64-hour course with live burn or (2) obtained Firefighter I level?
_____ <i>Support Personnel</i>	Any member in good standing whose primary job function is administrative or operational, but does not actively participate in fire suppression. Include auxiliary members.
_____ Total Personnel	Total Firefighters + Support Personnel = Total Personnel

BUDGET (AVERAGED FOR THE LAST 3 YEARS)

\$ _____ Annual operating budget
 \$ _____ Annual training budget
 \$ _____ Annual fire prevention budget

SOURCE(S) OF FUNDING:

Donations/Fundraising: -Private Citizens -Govt. Entity
 Taxes: -Situs Tax -Fire District Tax -Municipal Tax
 Other: -Subscriptions -Grants -_____
 Primary Source of Funding: _____

I CERTIFY BY SIGNING BELOW THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Highest Ranking Fire Official's Printed Name	Highest Ranking Fire Official's Signature	Date
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I CERTIFY BY SIGNING BELOW THAT THIS FIRE DEPARTMENT HAS BEEN RECOGNIZED BY THIS COUNTY/MUNICIPAL GOVERNMENT.

Highest Ranking Elected Official's Printed Name	Highest Ranking Elected Official's Signature	Date
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