

Fire Department Recognition Renewal Checklist

This document is intended to assist you in the completion of a renewal for Fire Department Recognition. Fire Department Recognition must be renewed every 3 years and returned within 30 days prior to the department's expiration. If you need assistance, please call (615) 350-6443.

RENEV	VAL FIRE DEPTARTMENT RECOGNITION: (Currently recogn	nized by the State Fire Marshal's Office)			
1.	☐-Review the information on the Fire Department Recognition Renewal Application for accuracy, updating any information that has changed since the fire department's previous submission.				
2.	☐-Once updated, have the Fire Department Recognition Renewal Application signed by the highest ranking fire official of the renewing fire department.				
3.	☐-Verify the accompanying map of your department's primary response areas to ensure accuracy. If you feel the enclosed map is incorrect, please send in a corrected map 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.			
4.	Make a copy of the following for your records, enclose the original documents and mail them to the address denoted below:				
	□-Fire Department Recognition Renewal Application □-\$50.00 Check □-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



Fire Department Recognition Renewal Application

Fire Department Legal Name:			F	טוט:
Primary County:	Mailin	Mailing Address:		
City:	State:		Zip code:	
Business Phone: ()		Business Fax: ()		
Website:		Primary E	Email:	
Fire Department Organization Typ	e: □-Local Goverr	nment (County, City, Town)	□-Private, non-profit	
	☐-Federal Gove	ernment	□-Private, for-profit	
FIRE DEPARTMENT SERVICES PRO	VIDED (Check all tha	at apply)		
☐-Structural Fire Suppression	☐-Wildland Fire	e Suppression	☐-Airport Rescue Firefig	hting
☐-Maritime Operations Firefighting	☐-Occasional F	☐-Occasional Fire Prevention Program ☐-Formal/Year-Round Fire Preventio		ire Prevention
☐-Fire Investigations Primary	cause and origin for fi	ires is determined by:		
☐-Rescue Operations Level	☐-Rescue Tech	□-Rescue Technical Level		
☐-Haz-Mat Operational Level	□-Haz-Mat Tec	□-Haz-Mat Technical Level		
□-Basic Life Support □-Advanc		fe Support	☐-EMS Transport Provided	d
FIRE DEPARTMENT PERSONNEL &	CHARACTERISTICS			
Volunteer	_	n active firefighter who receives no financial compensation for their services other than re/health insurance, workmen's compensation insurance.		
Paid On Call/Stipend An active firef		irefighter who receives a nominal fee based on per event basis.		
Career	An active firefighter	who receives financial compensation for their services.		
Total Firefighters	Volun	Volunteer + Paid On Call/Stipend + Career = Total Firefighters		
Trained Firefighters	_	ers, how many have complen or (2) obtained Firefighter	eted either the (1) basic firefig I level?	thter 64-hour
Support Personnel		nember in good standing whose primary job function is administrative or operational, oes not actively participate in fire suppression. Include auxiliary members.		
Total Personnel	Tot	Total Firefighters + Support Personnel = Total Personnel		
BUDGET (AVERAGED FOR THE LAS	ST 3 YEARS)	SOURCE(S) OF FUNDING:		
\$ Annual ope	Annual operating budget		Donations/Fundraising: ☐-Private Citizens ☐-Govt. Entity	
\$ Annual train	Annual training budget		Taxes: ☐-Situs Tax ☐-Fire District Tax ☐-Municipal Tax	
\$ Annual fire prevention budget		Other: -Subscriptions -Grants -Other		
		Primary Source of Fund	ding:	
I CERTIFY BY SIGNING BELOW THAT T	HE ABOVE STATEMEN	ITS ARE TRUE TO THE BEST	OF MY KNOWLEDGE.	
Highest Ranking Fire Official's Printe	d Name	Highest Ranking Fire Official's	Signature	Date
I CERTIFY BY SIGNING BELOW THAT T	HIS FIRE DEPARTMEN	T HAS BEEN RECOGNIZED E	BY THIS COUNTY/MUNICIPAL	GOVERNMENT
Highest Ranking Flected Official's Pri	nted Name	Highest Ranking Flected Officia		Date

IN-1480 (Rev. 03/16) RDA 2225