Department of Commerce & Insurance | State Fire Marshal's Office

## Initial Rescue Squad Recognition Checklist

This document is intended to assist you in the completion of an initial Rescue Squad Recognition. If you need assistance, please call (615) 350-6443.

Please note: INITIAL RESCUE SQUAD RECOGNITION applies to squads that are not currently recognized by the State Fire Marshal's Office. This checklist is intended to help new applicants ensure all requirements are met for official recognition.

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

1. ☐ - Please complete the entire Rescue Squad Recognition Application.
2. ☐ - Once completed, have the Rescue Squad Recognition Application signed by the highest ranking official of the rescue squad applying.
3. ☐ - If the rescue squad was formed after July 1, 2026, the Rescue Squad Recognition Application must include a map denoting the rescue squad'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
4. ☐ - Make a copy of the following for your records, enclose the original documents, and mail them to the address denoted below:
    ☐ - Initial Rescue Squad Application
    ☐ - Primary Response Map
    ☐ - $50.00 Check
    ☐ - Copy of the approved resolution or signature of the local elected governing body on the application

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**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 10th Floor
500 James Robertson Parkway, Nashville, TN 37243-1159

Department of Commerce & Insurance | State Fire Marshal's Office

# Initial Rescue Squad Recognition Checklist

Rescue Squad Legal Name: _____

Primary County: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Website: _____ Primary Email: _____

Rescue Squad Organization Type: ☐ - Local Government (County, City, Town) ☐ - Private, non-profit

## RESCUE SQUAD SERVICES PROVIDED (CHECK ALL THAT APPLY)

☐ - Animal technical rescue
☐ - Vehicle and machinery rescue
☐ - Swiftwater rescue
☐ - Dive rescue
☐ - Rope rescue
☐ - Confined space rescue
☐ - Trench rescue
☐ - Wilderness search and rescue
☐ - Floodwater rescue
☐ - Structural collapse rescue
☐ - Subterranean rescue

## RESCUE SQUAD PERSONNEL & CHARACTERISTICS

_____ Volunteer: an active rescue squad member who receives no financial compensation for their services other than life/health insurance and/or workmen's compensation insurance

_____ Paid On Call/Stipend: an active rescue squad member who receives a nominal fee based on per event basis.

_____ Career: an active rescue squad member who receives compensation as a full-time employee of the rescue squad for their services

_____ **Total Rescue Squad Members: Volunteer + Paid On Call/Stipend + Career**

_____ Trained Rescue Squad Member: an active rescue squad member that meets the national fire protection association 1006 standards for qualification

_____ Support Personnel: any member in good standing whose primary job function is administrative or operational, but does not actively participate in rescue squad services, including auxiliary members

_____ **Total Personnel: Total Trained Rescue Squad Members+ Support Personnel**

## BUDGET (AVERAGE FOR THE LAST 3 YEARS)

$_____ Annual operating budget

$_____ Annual training 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 Official's Printed Name | Highest Ranking Official's Signature | Date

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

_____ _____ _____

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