Department of Commerce & Insurance

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 DEPTARTMENT 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:

   ☐-Initial Fire Department Recognition Application ☐-Primary Response Map
   ☐-Assistant to the Commissioner 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 10th Floor
500 James Robertson Parkway Nashville, TN 37243-1159

TN Department of Commerce & Insurance

Reset Form

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)

☐-Structural Fire Suppression ☐-Wildland Fire Suppression ☐-Airport Rescue Firefighting

☐-Maritime Operations Firefighting ☐-Occasional Fire Prevention Program ☐-Formal/Year-Round Fire

☐-Fire Investigations Primary cause and origin for fires is determined by: _____

☐-Rescue Operations Level ☐-Rescue Technical Level

☐-Haz-Mat Operational Level ☐-Haz-Mat Technical Level

☐-EMS Transport Provided

FIRE DEPARTMENT PERSONNEL & CHARACTERISTICS

_____	*Volunteer*	An active firefighter who receives no financial compensation for their services other than life/health insurance, workmen's compensation insurance.
_____	*Paid On Call/Stipend*	An active firefighter who receives a nominal fee based on per event basis.
_____	*Career*	An active firefighter who receives financial compensation for their services.
0	**Total Firefighters**	***Volunteer + Paid On Call/Stipend + Career = Total Firefighters***
	Trained Firefighters	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?
_____	*Support Personnel*	Any member in good standing whose primary job function is administrative or operational, but does not actively participate in fire suppression. Include auxiliary members.
0	**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 ☐-Other

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

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