

REVISION REQUEST**DEPARTMENT OF DEFENSE FIREFIGHTER PROPERTY PROGRAM**

If revising an application, provide a copy of the original application or approval letter associated with this request.

Name of Fire Department:

County:

Department Phone Number:

Has any of your pertinent information changed?

If so, please change the appropriate field below.

Year Department was Created:

Population of Protection Area:

Name of Mutual Aid Department:

Distance, in miles, to nearest mutual aid (station to station):

Size of Primary 911 Protection Areas are acquired from governmental entities responsible for maintaining local map data.

To learn how to verify the size of your protection area, or how to update this information, please visit [TexasFD.com/ProtectionAreas](https://www.texasfd.com/ProtectionAreas).

Other Revisions: (ex: to revise application, update other department information, change tax ID number, report DUNS number, etc.)

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(This section must be certified by authorized Chief Officer or President)

(Required)

APPLICANT CERTIFICATION: I certify that the information contained in this application is true and accurate to the best of my knowledge and that I am duly authorized to certify this application on behalf of the fire department. I understand that knowingly making false or fraudulent statements or representations may result in program sanctions and/or criminal penalties.

Name: (print)

Title:

Chief Officer or President

Date:

To submit electronically:

Press the **Submit Form** button or download and email this PDF form to: ffp@tfs.tamu.edu

To submit by mail or fax: Press the **Print Form** button. Be sure to attach your supporting documents before sending.

*For questions, please contact us at:
ffp@tfs.tamu.edu or by phone:
(936) 639-8100*

Mail or Fax to:

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Building A456
Lufkin, TX 75904
Attn: Firefighter Property Program
Fax: (936) 639-8138