

## REVISION REQUEST

### RURAL VOLUNTEER FIRE DEPARTMENT ASSISTANCE 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:

Are you requesting an update to the original dollar amount requested?      Yes                      No  
*If so, please enter both the original requested amount and the new requested amount.*

Original Amount:

Requested Amount:

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](http://TexasFD.com/ProtectionAreas).

**Other Revisions:** (ex: to revise application, update other department information, change tax ID number, report DUNS number, etc.)  
*If revising an application, provide a copy of the original application or approval letter associated with this request.  
 If revising training tuition, please list course(s), date(s), and number of students that are changing.*

Name of School:

Date(s) of Training	Course Name(s)	Number of Trainees	Tuition Cost per Trainee

*(This section must be signed by authorized Fire Chief, Assistant Fire Chief or President.)*

**APPLICANT CERTIFICATION:** I certify that the information contained in this revision request is true and accurate to the best of my knowledge and that I am duly authorized to sign 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:

*Fire Chief, Assistant Chief, or President*

Signature:

Date:

**To submit electronically:**  
 Press the **Submit Form** button. Your email client will open and you will have the opportunity to attach your supporting documents before sending.

**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:  
 2604@tfs.tamu.edu or by phone:  
 (979) 458-6505*

Mail or Fax to:  
**Rural VFD Assistance Program**  
 Texas A&M Forest Service  
 Capacity Building Department  
 200 Technology Way, Suite 1162  
 College Station, Texas 77845  
 Fax: (979) 845-6160