

VERIFICATION REQUEST

All Fire Departments, Please Complete:

Name of Fire Department:

Physical Address:

street address

city

zip code

Mailing Address:

if different

mailing address

city

zip code

County:

E-Mail Address:

Department Phone Number:

Fax Number:

Membership:

Number of Volunteers:

Number of Paid Full-Time:

Number of Paid Part-Time*:

**Do not include part time members used in a pool to backfill other paid positions.*

Paid Positions Include:

Firefighters, EMS, Administrative Personnel,
Fire Marshals, etc.

Volunteer and Combination Fire Departments With 20 or Fewer Paid Members:

Do you provide fire protection services to a designated primary protection area, identified by the county?

Y/N

Population of the 911 Protection Area:

Year Department was Created:

Please provide the following information regarding the nearest viable mutual-aid department.

Name of Mutual Aid Department:

Distance, in miles, to the nearest viable mutual aid department (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.

Paid and Combination Fire Departments With 21 or More Paid Members:

Listed as having adopted NIMS with the TDEM:

Y/N

Reports to TXFIRS:

Y/N

Number of Personnel Available for Deployment:

For Number of Deployments

Please Select:

More than 5, 3-5 deployments,
1-2 deployments, or None

Reports to TFS FD Reporting System:

Y/N

For Mobilization Time Please Select:

Less Than 2 Hours, 2-4, 4.1-6, or
More Than 6 Hours

Number of Past Statewide Deployments:

Time Required for TIFMAS Apparatus to Mobilize:

(This section must be certified by authorized Fire Chief, Assistant Fire Chief 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:

Fire Chief, Assistant Chief, or President

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:
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(979) 458-6505*

Mail or Fax to:

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