

APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

RURAL VOLUNTEER FIRE DEPARTMENT INSURANCE PROGRAM

INSURANCE PROGRAM - CALENDAR YEAR 2021

Name of Fire Department:

Mailing Address:

*mailing address**city**zip code*

County:

E-Mail Address:

Department Phone Number:

Fax Number:

State of Texas Charter Number:

Federal Tax Identification Number:

A signed and dated copy of IRS Form W-9 is required to be submitted with this application.

Total: Number to be Insured:

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.

Are members of your department certified in, or working towards certification in, a firefighter program such as those administered by the State Firemen's and Fire Marshals' Association (SFFMA) of Texas and the National Wildfire Coordinating Group (NWCG)?

Yes:

No:

(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 or download and email this PDF form to: ffins@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:
ffins@tfs.tamu.edu or by phone:
(979) 458-6505*

Mail or Fax to:
Rural VFD Insurance Program
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