



For Internal Use Only:

Record ID #

APPLICATION FOR FIRE DEPARTMENT ASSISTANCE

RURAL VOLUNTEER FIRE DEPARTMENT INSURANCE PROGRAM

INSURANCE PROGRAM - CALENDAR YEAR 2023

Name of Fire Department

FireConnect ID

County

Number in department profile URL

(<https://fireconnect.tfs.tamu.edu/FireDepartments/XXX>)

I certify that my department's information - including personnel count - is up to date in FireConnect. This includes having an **active IRS W-9 Form** on FireConnect.

(Required) Guide Videos: [Department Profile](#) , [W-9 Forms](#)

Number of Active Insured:

Paid Positions
include:
Firefighters, EMS,
Fire Marshals, etc.

Active Volunteers:

Paid Full-Time:

Paid Part-Time*:

**Do not leave any
fields blank.
If none, please put
"0"**

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

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

Yes:

No:

SUBMISSION CHECKLIST

- (Required)
- [Texas A&M Forest Service Roster of Active Insured Fire Department Members](#)
 - Paid Insurance Policy

Please ensure completeness to assist in the timely processing of your application.

(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:

Submit this form to ffins@tfs.tamu.edu

Questions? 979-458-6505