U.S. Fire Administration

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National Fire Department Census registration form

O.M.B. No. 1660-0070 Expires August 31, 2015

Registration completed by

Name

Phone number 555-555-5555

Fax number 555-555-5555

Email address

Fire department information

Fire department name

Fire department ID (FDID)

Headquarters address line 1

Headquarters address line 2

City

State

ZIP code 12345-1234

County

[▼]

Mailing address

P.O. Box

Mailing address line 1

Mailing address line 2

City

State

[▼]

ZIP code 12345-1234

Headquarters phone 555-555-5555 Do not enter your home or mobile number.

Headquarters fax 555-555-5555

Fire department's email address Do not enter your personal email address.

Fire department's website address

Total number of stations within your department Please include the headquarters location in this count.

If you entered a number greater than 1, would you like to provide additional station addresses?

○ Yes

○ No

Organization type:

○ Local (includes career, combination, and volunteer)

○ State Government

○ Transportation Authority or Airport F.D.

○ Federal Government - Executive Branch Agency

○ Federal Government - DOD

○ Private or industrial fire brigade

○ Contract fire department

○ Other

[   ]

○ Unknown

Please read before answering this question: Emergency Management is the integration and coordination of all-hazards mitigation, prevention, preparedness, response and recovery activities within a community for all (or most) agencies such as fire, Emergency Medical Services, public works, public information, volunteer service, etc.

Is your fire department the primary agency responsible for emergency management in your community?

○ Yes

○ No

If No, what agency is the primary agency responsible for emergency management in your community?

[   ]

Population protected

Provide the total permanent resident population protected by your department.

[   ]

Source of information

○ U.S. Census

○ Estimate

○ Other

[   ]

○ Unknown

Area protected in square miles

Provide an estimate of the total primary response area in square miles protected by your department.

[   ]

Staff

Active firefighters

Career. Enter the total number of full-time paid fire officers and firefighters. Use numeric values only. Enter a value of 0 if there are no firefighters of this type in your department.

[   ]

Volunteer. Enter the total number of firefighters who receive no compensation for their services. Use numeric values only. Enter a value of 0 if there are no firefighters of this type in your department.

[   ]

Paid per call. Enter the total number of firefighters in the department who are not full-time paid firefighters but receive compensation for their participation. Use numeric values only. Enter a value of 0 if there are no firefighters of this type in your department.

[   ]

Nonfirefighting

Nonfirefighting volunteers. Use numeric values only. Enter a value of 0 if there are no nonfirefighting volunteers in your department.

[   ]

Civilian employees (full-time and part-time). Use numeric values only. Enter a value of 0 if there are no civilian employees in your department.

[   ]

Specialized services

Services provided Check all that apply.

☐ Wildfire/Wildland Urban Interface

☐ Airport/Aviation

☐ Fireboat

☐ EMS transport

☐ EMS nontransport

☐ Basic Life Support

☐ Advanced Life Support

☐ Hazardous Materials Team (technician)

☐ Vehicle extrication

☐ Technical rescue

☐ Fire inspection/Code enforcement

☐ Fire prevention/Public education

☐ Training academy

☐ Fire investigation

　　☐ Sworn fire investigator(s)

☐ Juvenile firesetter intervention program

USFA programs

Is your fire department familiar with U.S. Fire Administration programs and publications?

○ Yes

○ No

If yes, how? Check all that apply.

☐ Website (www.usfa.fema.gov)

☐ Publications

☐ National Fire Academy courses

☐ National Fire Incident Reporting System (NFIRS)

☐ Public fire education programs

☐ Other

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Paperwork burden disclosure notice

Public reporting burden for this data collection is estimated to average 25 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this survey. This information collection is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this survey. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0070) NOTE: Do not send your completed form to this address.

FEMA Form 070-0-0-1 (Initial online registration)

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