

National Fire Department Registry registration form

O.M.B. No. 1660-0070 expires Dec. 31, 2018

Registration completed by	
Name	
Phone number 555-555-5555	
Fax number 555-555-5555	
Tan Hamor 333-333	
Corell address	Service In the parameter and t
Email address	
Fire department information	
Fire department name	
Fire department ID (FDID)	
Headquarters address line 1	
Headquarters address line 2	
Treadquarters address line 2	The second secon
City	Leading Co.
State	
ZIP code 12345-1234	
County	
	V
Realling address	
Mailing address P.O. Box	
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Mailing address line 1	and the same of th	
		-4
Mailing address line 2	PRODUCTION OF THE PROPERTY OF	
City		
251-012 (3.250)//2.50		
State		-
		~
ZIP code 12345-1234	V E PARELLINE D - 1/2	1172
Headquarters phone SSS-SSS-SSSS Do not enter yo	our home or mobile number.	- 01
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 P	Please include the headquarters location in this count.	
Station name:		
Address 1:		
Addices 1.		wax.
Address 2:		
City:		
	Ξ	
State:		
		~
ZIP code:		
Remove		

Add station address		
Organization type:		
O Local (Includes career, combination, and volunteer)		
State government		
Transportation authority or airport fire department		
Federal government (Executive branch)		
Federal government (Department of Defense)		
Private or industrial fire brigade		
Contract fire department		
Other		
		1010
O Unknown		
Please read before answering this question: Emergency Management is the integration and		
nktigation, prevention, preparedness, response and recovery activities within a community for Emergency Medical Services, public works, public information, volunteer service, etc.	an (or most) agencies such as me,	
• •		
s your fire department the primary agency responsible for emergency manageme	ent in your community?	
O Yes		
○ No		
f No, what agency is the primary agency responsible for emergency management	In your community?	
Provide the total permanent resident population protected by your department.		
Source of information		
U.S. Census		
○ Estimate		
Other		
		111 - 772-1
O 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 n	umeric values only. Enter a value	of 0 if there are no
irefighters of this type in your department.		
		_1 -1
Volunteer. Enter the total number of firefighters who receive no compensation for	r their services. Use numeric value	es only. Enter a valu
of 0 if there are no firefighters of this type in your department.	-33, 40	

Nonfirefighting					
Nonfirefighting volunteers. Use numeric values only. Enter a value of 0 if there are no nonfirefighting volunteers in your departmen					
Eivilian employees (full-time and part-time). Use numeric values only, Enter a value of 0 if there are department.	e no civilian employees in your				
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					
s your fire department familiar with U.S. Fire Administration programs and publications?					
○ Yes					
O No					
f 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					

Paperwork burden disclosure notice

Initial online registration

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

Privacy notice

The collection of this information is authorized by the Federal Fire Prevention and Control Act of 1974, as amended, 15 U.S.C. § 2201.

This information is being collected for the primary purpose of disseminating fire safety and prevention information to fire departments across the United States. The U.S. Fire Administration (USFA) will share this information on its website, excluding individual names, telephone numbers, fax numbers, and email addresses.

The disclosure of information on this form is voluntary; however, a failure to provide this information may result in your fire department not receiving critical fire safety and prevention information.

