

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

OMB Control Number: 1660-0070
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NATIONAL FIRE DEPARTMENT REGISTRY

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 the survey. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. 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 20472-3100, Paperwork Reduction Project (1660-0070) **NOTE: Do not send your completed form to this address.**

Fire Department Name

| | |
|--|--|
| Fire Department Identification Number (FDID) | The FDID is a unique identifier assigned by the state for fire incident reporting purposes. If FDID is unknown, leave blank. |
|--|--|

Fire Department Headquarters Address (*physical location of the fire department*)

Address Line 1

Address Line 2

| | | | |
|------|-------|--------|----------|
| City | State | County | Zip Code |
|------|-------|--------|----------|

Fire Department Mailing Address (if different than headquarters address)

Address Line 1

Address Line 2

| | | | |
|------------------------|------|-------|----------|
| Post Office Box Number | City | State | Zip Code |
|------------------------|------|-------|----------|

Please indicate the total number of fire stations within your department.

Number of Stations: _____

Note: If your fire department is comprised of two or more independently incorporated fire companies; please list the names and addresses of those companies on the enclosed supplemental address sheet. An example of this would include a county fire department that is comprised of two or more independently incorporated fire companies.

| | | |
|--|--|---|
| Fire Department Headquarters Telephone Number () | Fire Department Headquarters Fax Number () | Fire Department E-mail Address: <i>Please complete only if this is a department e-mail address. Do not use personal e-mail address.</i> |
|--|--|---|

Fire Department Web Address: *If your fire department maintains a web site, please provide the web address URL.*

Organization Type - *Select the choice that best describes your fire department*

- Local (*includes career, combination, volunteer fire departments and fire districts*)
- Tribal Government (*includes Native American and Alaska Native tribal fire departments*)
- State Government (*includes state forest fire agencies and state institution fire departments*)
- Regional/metropolitan transportation authority or airport fire department
- Federal Government - Executive branch agency fire department
- Federal Government - Department of Defense fire department
- Private or industrial fire brigade
- Contract fire department
- Other (*please explain*) _____

Emergency Management

Emergency Management (EM): integration and coordination of all-hazards mitigation, prevention, preparedness, response, and recovery activities within a community for all (or most) agencies such as fire, EMS, public information, volunteer service, etc.

Is your fire department the primary agency responsible for emergency management in your community? Yes No

If no, then 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 and the source for the information provided.*

U.S. Census Estimate Other (please explain) _____

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

Number of active firefighting personnel Counting all stations, how many active *career, volunteer, and paid per call* firefighting personnel does your department have? (Please indicate the number next to the category.)

_____ **Career**

Indicate total number of full-time paid fire officers and firefighters within your department.

_____ **Volunteer**

Indicate the total number of active firefighting volunteers within your department. A volunteer is defined as a member who receives no compensation for his or her services.

_____ **Paid per call**

Indicate the total number of firefighters in the department who are not full-time paid firefighters but receive compensation for their participation.

Number of non-firefighting support personnel.

_____ Non-firefighting volunteers _____ Civilian full-time and part-time employees

Specialized Services Provided

Some departments provide specialized services. As you read through the lists below, please check each of the specialized services your department provides.

- | | |
|--|---|
| <input type="checkbox"/> Wildfire/Urban-Wildland Interface | <input type="checkbox"/> Technical/Specialized Rescue, (Confined Space Rescue, Rope Rescue, Swiftwater Rescue, Dive Rescue, Building Collapse Rescue/Urban Search and Rescue, etc.) |
| <input type="checkbox"/> Airport/Aviation | <input type="checkbox"/> Fire Inspection/Code Enforcement |
| <input type="checkbox"/> Fireboat | <input type="checkbox"/> Fire/Injury Prevention/Public Education |
| <input type="checkbox"/> EMS Ambulance Transport | <input type="checkbox"/> Departmental (in-house) Training Academy |
| <input type="checkbox"/> EMS Non-Transport Response | <input type="checkbox"/> Fire Investigation/Fire Cause Determination |
| <input type="checkbox"/> Basic Life Support (BLS, First Responder/EMT-Basic Level of Care) | <input type="checkbox"/> Sworn (Investigators have power to arrest) |
| <input type="checkbox"/> Advanced Life Support (ALS, EMT-Paramedic/EMT-Intermediate Level of Care) | <input type="checkbox"/> Non-Sworn |
| <input type="checkbox"/> HAZMAT Team (Technician Level) | <input type="checkbox"/> Juvenile Firesetter Intervention Program |
| <input type="checkbox"/> Vehicle Extrication | |

United States Fire Administration Programs

Is your fire department familiar with United States Fire Administration programs and publications? Yes No

If yes, how? (*check all that apply*)

Web site <http://www.usfa.fema.gov>

Publications

National Fire Academy Courses

National Fire Incident Reporting System (*NFIRS*)

Public Fire Education Programs

Other (*please explain*) _____

Survey Completed by: (*Please provide contact information for the person completing this survey*)

Name (*Please print*)

Telephone Number
()

Fax Number
()

E-mail Address:

Supplemental Address Sheet
(*Please make additional copies if necessary.*)

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

PRIVACY ACT 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 United States 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.