

**ALASKA
STATE FIRE MARSHAL'S
OFFICE**

**FIRE DEPARTMENT
RENEWAL REGISTRATION
APPLICATION**



**Department of Public Safety
Division of Fire and Life Safety
5700 E. Tudor Road
Anchorage, Alaska 99507**

**Phone: (907) 269-5625
Fax: (907) 269-0102**

January 2008

Renewal Registration Process

Fire Department Registration Renewal Application

Complete the Fire Department Registration Application and have it signed by a local official having authority. This is usually either the City Manager/Mayor or the Fire Chief. The following documentation must be attached:

- 1. Annual Summary Report** – Complete the attached annual survey report. Complete this summary report using information from the previous calendar year. This report must be completed each year to maintain registration status.
- 2. Membership Roster** - Fire Departments are required under the registration process to forward a current list of all members. Use the attached membership roster or a similar form that has the same information. Any changes in membership must be sent within 10 days of these changes taking place.

Send or fax the completed registration package to the following address:

Division of Fire and Life Safety
Fire Department Registration
5700 E. Tudor Road
Anchorage, Alaska 99507
Fax: (907) 269-0102

The Division of Fire and Life Safety will review the application package. If further information is required, you will be contacted. Upon successful registration you will receive a Fire Department Registration Certificate. The State Fire Marshal will forward your registration status to the appropriate state agencies. As a registered department, you will receive an annual report and a membership roster to complete for each year.

In order to continue your registered status, you must report every fire and fire related incidents to Division of Fire and Life Safety **monthly** per 13 AAC 52.020. If you fail to report, you may lose your registered status.

ALASKA STATE FIRE MARSHAL'S OFFICE
Fire Department Registration
Annual Summary Report
 Due no later than January 31, 2008

I. Department Information

Name of Department: _____ ISO Rating _____

Mailing Address: _____

Department Phone: _____ Fax: _____ Chief Email: _____

Chief Officer Name/Title _____ Paid On Call Paid Volunteer

Training Off. Name/Title _____ Paid On Call Paid Volunteer

ANFIRS Manager Name: _____ Phone: _____ Email: _____

Population of Area Served by the Department: Winter: _____ Summer: _____

Number of Fire Stations: _____ Number of Square Miles in Fire District Area _____

II. Department Budget Information

Annual Budget: _____ Includes Ambulance/Medical Operations

If possible either submit a copy of a budget summary or fill in the following.

_____ \$ Fire Training _____ \$ Fire Operations _____ \$ Fire Prevention

_____ \$ Public Fire Education _____ \$ EMS Operations/Training

III. Number of departmental personnel

a. Full paid positions (Admin. & Operations)	_____	d. On call paid	_____
b. Part paid positions	_____	e. Total active members	_____
c. Volunteer	_____	f. Total firefighters	_____
		g. Total member's EMS qualified	_____

IV. Number of Department Apparatus

Fire:

_____ Pumpers	_____ Aerial Apparatus	_____ Tanker/Tenders	_____ CFR
_____ Brush Rigs	_____ Rescue Vehicles	_____ Specialty (foam, light unit, SCBA)	
_____ Fire Boats	_____ Rescue Boats	_____ Command Vehicles	

Ambulance: _____ BLS units _____ ALS units

Other: _____ Code Red

Registration Application, continued

The following two sections may duplicate the information on ANFIRS forms but this format allows quicker and more accurate tracking of specific information not on the ANFIRS reports. Please supply this information as accurately as possible. If your department has not submitted all required ANFIRS to the Division of Fire and Life Safety (13 AAC 52.020) your registration request will be denied until the requirement has been fulfilled.

V. Responses during the previous calendar year (2007)

Total Responses _____ Actual Fires in your Fire District Area _____

VI. Dollars Loss:

\$ _____ Estimated Dollar Loss due to fire in your jurisdiction for the previous calendar year.

VII. Check official and routine duties of your fire department

- | | | |
|--|---|--|
| <input type="checkbox"/> Structural Firefighting | <input type="checkbox"/> Code Enforcement | <input type="checkbox"/> Dive Rescue |
| <input type="checkbox"/> Marine Firefighting | <input type="checkbox"/> Plan Review | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Airport Fire/Rescue | <input type="checkbox"/> Fire Cause Investigation | <input type="checkbox"/> Search & Rescue |
| <input type="checkbox"/> Wildlands Firefighting | <input type="checkbox"/> Public Fire Education | <input type="checkbox"/> Haz-Mat Team Response |
| <input type="checkbox"/> Industrial Firefighting | <input type="checkbox"/> Confined Space Rescue | |

VIII. Regular department training occurs how often? And on which day of the week?

IX. General Condition of the Department

Please describe on a separate attachment the general condition of your department including its strengths and weaknesses, goals for the coming year, and specific items where the State Fire Marshal's Office could be of assistance.

This data will be used to assist the State Fire Marshal in planning the coming years activities.

X. Is the fire department meeting the prescribed public safety needs of your community?

Yes or No

Name and Title of Person Completing the Report

Address

Telephone

Date

ALASKA STATE FIRE MARSHALS OFFICE
Fire Department Membership
Roster 2008

This membership roster is required in accordance with 13AAC 52.040 (a)
 (Use additional forms as necessary)

Fire Department Name: _____ **Date:** _____

Chief Signature: _____

	NAME	POSITION	STATUS
1.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
2.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
3.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
4.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
5.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
6.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
7.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
8.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
9.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
10.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
11.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
12.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
13.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
14.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
15.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
16.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
17.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
18.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
19.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer

Department may use either this form or one of their own which contains the same information

2008 Membership Roster, continued

	NAME	POSITION	STATUS
20.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
21.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
23.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
24.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
25.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
26.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
27.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
28.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
29.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
30.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
31.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
32.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
33.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
34.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
35.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
36.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
37.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
38.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
39.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
40.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
41.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
42.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer
43.	_____	_____	<input type="checkbox"/> Paid <input type="checkbox"/> On Call Paid <input type="checkbox"/> Volunteer