CERTIFICATE OF FIRE DEPARTMENT EXISTENCE

OFFICE OF ATTORNEY GENERAL
STATE FIRE MARSHAL
SFN 11893 (12/08)

AGENCY INFORMATION			
Official Name of Department or District	☐ Fire Protection District ☐ City Fire Department ☐ Rural Fire Department		Date of Organization
Organization Mailing Address (Preferably P.O. Box No.)			Organization Telephone Number
Organization Fax Number	Organization E-Mail Address		
City	County	Zip Code	Fire Department ID No.
Does the department or district meet the minimum requirement for Class 9 protection?	☐ Yes ☐ No		

PERSONNEL INFORMATION		
Name of Fire Chief	Home Telephone Number	Work Telephone Number
Name of Assistant Fire Chief	Home Telephone Number	Work Telephone Number
Name of Secretary/Treasurer	Home Telephone Number	Work Telephone Number
Name of Training Officer	Home Telephone Number	Work Telephone Number
Is the fire chief paid/compensated $50 or more per year (NDCC 18:01:08)? ☐ Yes ☐ No		

FIRE APPARATUS/WATERSUPPLY INFORMATION				
Number of Engines	Number of Aerials	Number of Tankers	Number of Other Apparatus	Type of Water Supply System ☐ Hyd ☐ Tanker/Shuttle ☐ Other

FIRE PROTECTION AREA
Have your fire district boundaries changed within the last year? ☐ Yes ☐ No (If no, skip this section; if yes, complete this section.)
In your district, list every city and town as well as every township or part served:
If yes, a new map, verified and signed by the auditor, with a letter of explanation must be sent to the state insurance commissioner prior to September 30.

I hereby certify that the above-named Fire Department or District was organized and in existence eight months prior to October 31; that the above statements are true and correct; and, according to Chapter 18-04 of the North Dakota Century Code, it is entitled to receive the Fire Insurance Premium Refunds as provided by law.

Dated this _____ day of _____ , Year _____ .

City Auditor (for City Department) **OR** Secretary/Treasurer (for Rural Department or District)	Fire Chief

After signing form, keep the yellow copy for your records and please send the white copy to the State Fire Marshal, PO Box 1054, Bismarck, ND 58502-1054 (701) 328-5555
(The Fire Marshal's Office will forward a photocopy to the Insurance Department and the North Dakota Firefighter's Association.)

THE DEADLINE FOR FILING THIS FORM IS MARCH 1