



CERTIFICATE OF FIRE DEPARTMENT EXISTENCE
 OFFICE OF ATTORNEY GENERAL
 NORTH DAKOTA STATE FIRE MARSHAL
 SFN 11893 (07-2018)

**Part I
 Agency Information**

Official Name of Department/District		Fire Department ID Number	Date of Organization
Check One <input type="checkbox"/> Fire Protection District <input type="checkbox"/> Rural Fire Department <input type="checkbox"/> City Fire Department		Number of Fire Fighters	Number of Unfilled Positions
Department/District Mailing Address (Preferably P.O. Box Number)		City	State ZIP Code
Department/district meet the minimum requirements for Class 9 protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Services Office (ISO) Rating (1-10)	Last ISO Conducted (year)
Is the fire chief paid/compensated \$50 or more per year (NDCC§18-01-08)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Department Type <input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination	
Name of Fire Chief		Fire Chief Email Address	Telephone Number
Name of Assistant Fire Chief	Telephone Number	Name of Secretary/Treasurer	Telephone Number

Fire Fighters Apparatus/Water Supply Information

Number of Engines	Number of Aerials	Number of Tankers	Number of Other Apparatus	Type of Water Supply System <input type="checkbox"/> Hyd <input type="checkbox"/> Tanker/Shuttle <input type="checkbox"/> Other
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Fire Protection Area

We are updating our records, please indicate in your district every city and town as well as every township or part served.

**Part II
 General Information**

Report Online to National Fire Incident Reporting System (NFIRS) <input type="checkbox"/> Yes <input type="checkbox"/> No	Report to NFIRS on Paper <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Software Compatible With NFIRS
If not reporting through NFIRS, what would help to accomplish this?		
Check Services Used by State Fire Marshal's Division <input type="checkbox"/> Code Assistance <input type="checkbox"/> Inspections <input type="checkbox"/> Investigations <input type="checkbox"/> Plan Review <input type="checkbox"/> Public Education <input type="checkbox"/> Other		
Service Improvement		

Part III

Expenditure of ND Insurance Tax Distribution Fund Report

If the fire department/district received money from the ND Insurance Tax Distribution fund on the previous calendar year, the following section must be completed.

Total ND Insurance Tax Distribution Funds Received	Amount Spent to Date	Total Balance of Remaining Funds
Of Remaining Balance, Amount ' Committed ' (to a specific project)	Balance of 'Uncommitted' Reserve Funds	Total Budget
How Were the Funds Spent		

Purpose of Committed Funds

What is the purpose of the committed project?
What is the time frame for use of this committed reserve balance?
<input type="checkbox"/> 12 Months or Less <input type="checkbox"/> 2-5 Years <input type="checkbox"/> More Than 5 years

I hereby certify that the above-named Fire Department/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.

City Auditor (for City Department) OR Secretary/Treasurer (for Rural Department/District Signature)	Date
Fire Chief Signature	Date

Email to the North Dakota State Fire Marshal at infofm@nd.gov or fax to 701-328-5557.

THIS FORM MUST BE COMPLETED ANNUALLY AND SUBMITTED TO THE STATE FIRE MARSHAL NO LATER THAN OCTOBER 31ST.