



# CERTIFICATE OF FIRE DEPARTMENT EXISTENCE

OFFICE OF ATTORNEY GENERAL  
NORTH DAKOTA STATE FIRE MARSHAL  
SFN 11893 (07-2021)

## Part I Agency Information

Information in this section will be used to produce a public contact list of all fire departments. Any information in this section may be subject to dissemination and made available on the Office of Attorney General's website. Do not include any personal identifying information that you do not want disseminated.

Official Name of Department/District		Fire Department ID Number (FDID)	Date of Organization
Department/District Mailing Address (Preferably P.O. Box Number)	City	State	ZIP Code
Physical Address (if different than above)	City	State	ZIP Code
Department Public Contact Email Address	Department Public Telephone Number		
Name of Fire Chief	Name of Assistant Fire Chief	Name of Secretary/Treasurer	

## Part II Contact Information For State Fire Marshal Use Only

Information in this section will not be made available on the Office of Attorney General's website. North Dakota is an open records state, so any record may be requested through an open records request. This information is being gathered primarily for State Fire Marshal (SFM) use to contact organization representatives as necessary for SFM business (investigations, fire prevention, etc.)

Fire Chief Telephone Number	Fire Chief Email Address
Assistant Fire Chief Telephone Number	Assistant Fire Chief Email Address
Secretary/Treasurer Telephone Number	Secretary/Treasurer Email Address

## Part III North Dakota Fire Service Statistical Data

Information in this section is being gathered to report as statistical data regarding the fire service in ND. Data entered may be used to report to ND Legislature, SFM Office, national databases, and other possible entities.

Check One <input type="checkbox"/> Rural Fire Protection District <input type="checkbox"/> Fire Department		
Department Type <input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination	Organization meet the minimum requirements for Insurance Service Office (ISO) Public Protection Classification rating of 9 protection or better? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last ISO Evaluation Conducted (year)	Type of Water Supply System <input type="checkbox"/> Hydrant/Water Mains <input type="checkbox"/> Tanker/Water Shuttle <input type="checkbox"/> Other	Number of Fire Engines
Number of Hook and Ladder Trucks	Number of Total Fire Department Firefighters	Number of Vacant Fire Department Firefighters
Number of Total Fires This Year To Date	Number of Total Emergency Responses (all calls, EMS, rescue, HazMat, fire, etc.) This Year To Date	
Does your fire department have any minimum training or certifications standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state	

## Part IV SFM Information

Information in this section is being gathered to assist the State Fire Marshal's Office and other state agencies in our mission.

Any changes to your fire protection district boundary/coverage area in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state
Does your organization report fires to the State Fire Marshal's Office in compliance with NDCC 18-01-06 (in a format compatible with National Fire Incident Reporting System (NFIRS) and within 30 days of occurrence)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Report Using NFIRS Software or other Third Party Software Compatible with NFIRS <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Using State Provided Contract with Emergency Reporting <input type="checkbox"/> Yes <input type="checkbox"/> No



**Part V  
North Dakota Insurance Tax Distribution Fund Report**

This section is specifically required to be reported by North Dakota Century Code. All information in this section is reported to the legislature every year.

Total Funds Received for Current Year	Amount Spent to Date	Total Balance of Remaining Funds
Of Remaining Balance, Amount ' <b>Committed</b> ' (to a specific project)	<b>Balance of 'Uncommitted'</b> Reserve Funds	Annual Department/District Budget
What is the purpose of the <b>committed</b> funds?		
What is the time frame for use of this committed reserve balance? <input type="checkbox"/> 1 Year or Less <input type="checkbox"/> 2-5 Years <input type="checkbox"/> More Than 5 years		

**Part VI  
Information Verification**

This form needs to be signed, or verified by the Fire Chief and the City Auditor or Secretary/Treasurer. I hereby certify that the above statements are true and correct; and according to Chapter 18-04 of the N.D.C.C., the Fire Department/District is entitled to receive the Fire Insurance Premium Refunds as provided by law.

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

**This form must be completed annually and submitted to the State Fire Marshal no later than October 31st each year.**

**Submittal may be by:**

**Mail: 1720 Burlington Drive Bismarck ND 58504**

**Email: [infofm@nd.gov](mailto:infofm@nd.gov)**

**Part VII  
SFM Office Use Only**

This section is for review and verification of the submitted form for evaluation of eligibility for fund distribution according to N.D.C.C. 18-04.

County	SFM District	
Boxes/Information Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Roster Updated/Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Department In Existence for at least 8 Months <input type="checkbox"/> Yes <input type="checkbox"/> No
Department/District Class 9 ISO Fire Protection Rating or Better <input type="checkbox"/> Yes <input type="checkbox"/> No	Department/District compliant with N.D.C.C. 18-01-06 fire reporting requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Form Received/Completed by October 31st <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, has the form been completed and submitted on time the prior 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Department/District Eligible for Fire Insurance Tax Premium Refund <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reviewer Signature	Date Certificate Accepted	

Reviewer Notes
----------------