

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808	Approved By
	Application for Voluntary Regulation of Fire Departments Not Connected with Local Government	

Department Information:			
Department Name			
Mailing Address	City	State	Zip Code
Physical Address	City	State:	Zip Code
Name of Department/Head or Administrator	Administrator's Title	Phone No.	Fax No.

Please describe the job duties and responsibilities of the fire protection personnel.

Please provide an example of the work schedule of the fire protection personnel employed by the entity.

Agency Type	<input type="checkbox"/> State Agency	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Non-Governmental Department
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Nongovernmental departments continue on Page 2.

The following information is required by nongovernmental departments only.

Written verification that fire protection is being provided to an unincorporated area.

- Written verification is attached on a separate sheet.
- Written verification is provided in the space below:

Documentation from the U.S. Census Bureau verifying that the population of the area protected is greater than 25,000.

- Documentation is attached.
- Documentation is not attached. If documentation is not attached, please explain:

Documentation from Texas Department of Insurance verifying a public protection classification of 1 through 8.

- Documentation is attached.
- Documentation is not attached. If documentation is not attached, please explain:

Signature Required for Applications.

Signature of Fire Chief or Administrative Head

Date Signed

Purpose: This form is to be submitted by departments that voluntarily seek participation under the guidelines of Government Code, Chapter 419, Subchapter E.

Date Received: Reserved for agency use.

Date Approved: Reserved for agency use.

Approved By: Reserved for agency use.

Department Information: Submit all information requested concerning your department. This information is required so the agency can establish or maintain correct information regarding your department.

Please describe the job duties and responsibilities of the fire protection personnel: Required to ensure compliance with Government Code, Section 419.085(a)(1).

Please provide an example of the work schedule of the fire protection personnel employed by the entity: Required to ensure compliance with Government Code, Section 419.085(a)(1).

Agency Type: Select the appropriate box for the type of department to be regulated.

The following information is required by nongovernmental departments only:

Written verification that fire protection is being provided to an unincorporated area: Required by Government Code, Section 419.085(a)(2).

Documentation from the US Census Bureau verifying that the population of the area protected is greater than 25,000: Required by Government Code, Section 419.085(a)(2)(B).

Documentation from Texas Department of Insurance verifying a public protection classification of 1 through 8. Required by 37 TAC Section 495.1(1) of the Commission's rules.

Required for all applications.

Signature of Fire Chief or Administrative Head/Date: Legal signature and the date the form is signed.

Election to participate under Government Code, Section 419.085 subjects the department to all components of regulation under Government Code, Chapter 419, Subchapter B.

TCFP-001 must be submitted for each certified individual that the department is seeking to include as an employee.