



**FIRE DEPARTMENT REQUEST FORM
FOR FEDERAL EXCESS PROPERTY**
(ONLY AVAILABLE TO NORTH CAROLINA FIRE DEPARTMENTS)



FIRE DEPARTMENT CONTACT INFORMATION			
Date of Application:	<input type="text"/>	County:	<input type="text"/>
Fire Department Name:	<input type="text"/>		
Fire Department Mailing Address:	<input type="text"/>		
City :	State: NC	Zip	
Fire Department Phone#:	<input type="text"/>		
Fire Chief's Name:	<input type="text"/>		
Fire Chief's phone# (day):	<input type="text"/>		Chief's email: <input type="text"/>
Fire Department's Contact name and title, if other than Chief:	<input type="text"/>		
Contact's phone #(day):	<input type="text"/>		Contact's email: <input type="text"/>

TYPE OF EQUIPMENT REQUESTED

(Fire department may request more than one vehicle and/or piece of equipment.)

<input type="checkbox"/> PICKUP truck- <input type="checkbox"/> 2x4 <input type="checkbox"/> 4x4 <input type="checkbox"/> regular bed <input type="checkbox"/> utility body	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> 6X6, 2 ½ ton Truck (Deuce and ½)	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> 6x6, 5 ton truck	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> 4x4 Blazer	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> Generator size? _____	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> Tanker truck	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> Pumper Truck	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> Utility Van/Box Truck	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> Trailer	REASON FOR NEED	<input type="text"/>
<input type="checkbox"/> Other equipment, describe: _____	REASON FOR NEED	<input type="text"/>

FIRE DEPARTMENT INFORMATION

**POPULATION OF FIRE DISTRICT:
INDICATE OR DESCRIBE LEGAL BASIS FOR ORGANIZATION**

CHARTERED INCORPORATED NON-PROFIT CREATED BY ORDINANCE OTHER, EXPLAIN _____

**DESCRIBE REVENUE SOURCES (ATTACH ADDITIONAL INFORMATION IF NECESSARY).
FILL IN THE BLANK WITH AN (X) WHERE APPLICABLE.**

TAX FUNDS IF SO, RATE _____
 CONTRIBUTIONS COUNTY APPROPRIATIONS _____
 OTHER (EXPLAIN)

DOES THE DEPARTMENT LIMIT RESPONSES TO THOSE MEMBERS THAT CONTRIBUTE OR PAY DUES?
 YES NO

IS THIS DEPARTMENT CERTIFIED WITH THE DEPARTMENT OF INSURANCE?
 YES NO

DOES THIS DEPARTMENT RESPOND MUTUAL AID? YES NO
 RESPONDS ONLY TO DEPARTMENT AREA TO FIRE DISTRICT
 RESPONDS TO ADJACENT FIRE DISTRICTS?
 RESPONDS COUNTY-WIDE?
 RESPONDS TO OTHER COUNTIES?

FEPP GUIDELINES

- The vehicle or item cannot be sold, traded, junked, or given away, but must be returned to the NCDFR when no longer needed.
- FEPP is for “Fire Use Only”! Personal use is not permitted!
- All FEPP must be well maintained, secured and stored to prevent vandalism. Water handling equipment must be housed in a heated building.
- Tank size and baffles – The VFD must not exceed the GVWR as stated on the data plate for a vehicle when equipping or modifying vehicles and equipment for use. All tanks must be baffled to avoid accidents.
- All vehicles must be insured to meet the State of NC’s basic liability insurance coverage requirements as specified.
- A current NC vehicle inspection must be maintained on all vehicles.

The applicant certifies that to the best of their knowledge and belief the information in this application is correct and the guidelines will be adhered to if receiving FEPP equipment.

Signature & Title of Fire Dept. Chief or President of Board of Directors

Date

Please return this completed form to your local county forest ranger.

FIRE DEPT.:

DATE:

FOR NCDFR USE ONLY

COUNTY RANGER'S COMMENTS:

DISTRICT RANGER'S COMMENTS:

STATE FIRE DEPT FEPP COORDINATOR'S COMMENTS:

DRAFT