



# FIRE DEPARTMENT REGISTRATION FORM

**Please Type or Clearly Print Information**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Date: \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_

Street Address of Main Station: \_\_\_\_\_

Mailing Address if different than above: \_\_\_\_\_

\_\_\_\_\_, **WI** \_\_\_\_\_ County : \_\_\_\_\_

Fire Department Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fire Department email: \_\_\_\_\_

Name of Designated Fire Chief: \_\_\_\_\_

Date (Month/Date/Year) Fire Chief Originally Elected or Appointed: \_\_\_\_\_

Fire Chief Phone: (Primary Contact): (\_\_\_\_) \_\_\_\_-\_\_\_\_

Secondary Phone: \_\_\_\_\_ Fire Chief E-mail: \_\_\_\_\_

Name of Lead Fire Inspector: \_\_\_\_\_

Lead Fire Inspector Phone: \_\_\_\_\_

Lead Fire Inspector E-mail: \_\_\_\_\_

Name of Public Fire Education Officer: \_\_\_\_\_

Public Fire Education Officer Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Public Fire Education Officer E-mail: \_\_\_\_\_

Name of NFIRS Contact: \_\_\_\_\_

NFIRS Contact Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

NFIRS Contact E-mail: \_\_\_\_\_

FAX Number for Fire Department Business: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**\*PAY STATUS KEY**

For further pay status definitions, please see our website:  
<https://dsps.wi.gov/Documents/Programs/FirePrevention/Definitions.pdf>

Fire Department Pay Status	Roster Information
<input type="checkbox"/> 1-Career	# of Career Firefighters: _____
<input type="checkbox"/> 2-Combination	# of Paid Firefighters: _____
<input type="checkbox"/> 3-Volunteer	# of Unpaid Firefighters: _____
<input type="checkbox"/> 4-Affiliate	# of Non-Firefighter Staff: _____
<input type="checkbox"/> 5-Federal/State/Military	# of Fire Inspectors: _____
<input type="checkbox"/> 6-Private	

Fire Department Organization	Fire Department Type
<input type="checkbox"/> <b>Chapter 180</b>	<input type="checkbox"/> <b>Public</b>
<input type="checkbox"/> <b>Chapter 181</b>	<input type="checkbox"/> <b>Private</b>
<input type="checkbox"/> <b>Chapter 213</b>	
<input type="checkbox"/> <b>Municipal</b>	
<input type="checkbox"/> <b>Tribal</b>	

**Inspection Information**

# of Public Buildings & Places of Employment to be inspected: \_\_\_\_\_

# of Inspections to be Conducted: \_\_\_\_\_

**Municipalities:**

List each municipality that is located within the territory served by this fire department. Designate whether Town, Village, or City of: (example; Municipality: Town of Adams County: Adams). Place an **X** behind the type of services provided and the date that took place.

1. Municipality \_\_\_\_\_ County: \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_

Name of Municipality Clerk & email: \_\_\_\_\_

Name of Highest Elected Official & email: \_\_\_\_\_

2. Municipality \_\_\_\_\_ County: \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_

Name of Municipality Clerk & email: \_\_\_\_\_

Name of Highest Elected Official & email: \_\_\_\_\_

3. Municipality \_\_\_\_\_ County: \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_

Name of Municipality Clerk & email: \_\_\_\_\_

Name of Highest Elected Official & email: \_\_\_\_\_

4. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
5. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
6. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
7. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
8. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
9. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_
10. Municipality \_\_\_\_\_ County: \_\_\_\_\_  
Fire Protection: \_\_\_\_\_ Fire Prevention: \_\_\_\_\_ Effective Date for Services Provided: \_\_\_\_\_  
Name of Municipality Clerk & email: \_\_\_\_\_  
Name of Highest Elected Official & email: \_\_\_\_\_

**\*If additional space is needed please attach another sheet**

## **FIRE DEPARTMENT REGISTRATION**

A fire department that provides fire protection and fire prevention services to a municipality is required to register with the Department. In the fire dues process, fire department means a municipal fire department, public safety department, or public or private organization, such as a fire association, fire district, fire company or fire corporation, organized or created for the purpose of extinguishing fires and preventing fire hazards.

By statute, for the prevention of fire hazards, the chief of the fire department is constituted a Deputy of the Department of Safety and Professional Services. Registration is required to issue the Deputy ID card to the fire chief, and to ensure that the fire department receives their fire dues funding from the municipalities served by the fire department.

### **Required information for obtaining Wisconsin FDID number- will be confirmed during onsite visit**

1. Minimum of 1 fire truck with pump meeting NFPA 1901 standards and records of current pump test.  
SPS 330.02(5), SPS330.09(1)(d)5
  
2. Roster of members- minimum of 5 members or automatic aid insuring the response of at least 5 FFs on 1<sup>st</sup> alarm. SPS330.14(3)(a)
  
3. Charter, (i.e. copy of contract with municipality(s)), Articles of Incorporation or minutes of meeting containing records of the fire department being created and passing a vote by municipal governing body and service agreement with municipality for service area of fire department if department type is Chapter 180 or Chapter 181.
  
4. Map of service area or description of service area.
  
5. 4 air packs and 4 spare bottles that meet the current standards for fire departments in State of Wisconsin. SPS330.12, SPS330.02, 330.14
  
6. All members must have training for any operations they will be involved in:  
No member may be permitted to participate in firefighting activities until that individual has completed the minimum training and education requirements as specified by any of the following or approved equivalent:
  - a) Firefighters must have at a minimum Entry Level Fire Training or equivalent to SPS330.08
  - b) All officers must have Fire Officer training prior to being in a command position. SPS330.08
  - c) Pump operators must have pump training per SPS330.08 to operate pumps at emergency scenes.
  - d) Drivers must have driver training per SPS330.09 prior to driving apparatus in emergency mode.
  
7. Fire department shall meet the requirements of SPS330/SPS332 as it applies to their fire department or OSHA 1910.156 if a private fire department.
  
8. Copy of fire departments SOPs/SOGs.