



**FIRE DEPARTMENT REGISTRATION AND  
MUTUAL AID EQUIPMENT  
INFORMATION  
WORKSHEET**

PLEASE TYPE OR PRINT

*Mail, Fax or Email completed form to:*

**MISSOURI DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF FIRE SAFETY  
P.O. Box 844  
JEFFERSON CITY, MO 65102  
FAX: 573-751-5710  
Email: firesafe@dfs.dps.mo.gov**

1) FDID:	2) FIRE DEPARTMENT NAME:	3) 24 HR CONTACT NUMBER: (Other than 911)		
4) FIRE DEPARTMENT MAILING ADDRESS:		5) NON-EMERGENCY BUSINESS PHONE NUMBER:		
6) FIRE DEPARTMENT PHYSICAL ADDRESS - Main Station (Additional Stations should be included on the supplemental form)		7) GIS LOCATION OF MAIN STATION (Long/Lat) If known:		
8) CITY:		9) ZIP CODE:	10) COUNTY:	
11) CHIEF'S NAME:		12) E-MAIL ADDRESS:		13) PHONE:
14) CONTACT PERSON (if other than chief):		15) E-MAIL ADDRESS:		16) PHONE:
17) DEPARTMENT TYPE: (check one box) <input type="checkbox"/> ALL VOLUNTEER <input type="checkbox"/> ALL PAID <input type="checkbox"/> PART PAID / PART VOLUNTEER <input type="checkbox"/> PART PAID / PART PAID PER CALL <input type="checkbox"/> ALL MEMBERS PAID PER CALL		18) DEPARTMENT TYPE: (check one box) <input type="checkbox"/> DISTRICT <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> ASSOCIATION		
		19) FIRE DEPT FUNDING <input type="checkbox"/> TAX SUPPORTED <input type="checkbox"/> SUBSCRIPTION / TAG		
		20) PERSONNEL (complete each applicable field): # PAID                      # VOLUNTEER                      # PAID PER CALL		
21) DATE ASSOCIATION BOUNDRIES FILED:	22) NUMBER OF FIRE STATIONS:	23) ACTIVELY NFIRS REPORTING: <input type="checkbox"/> Yes <input type="checkbox"/> No	24) CODE ENFORCEMENT (circle or fill in blank): <input type="checkbox"/> BOCA <input type="checkbox"/> UFC <input type="checkbox"/> NFPA <input type="checkbox"/> ICC OTHER:	25) ISO RATING: (lowest rating for your department)

***FIRE DEPARTMENT EQUIPMENT INFORMATION***

26) MUTUAL AID REGION (same as Hwy. Patrol Troop):	27) REGIONAL MUTUAL AID AREA COORDINATOR:
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28) Please inventory and report below **ALL** fire or related resources operated by your department. Refer to the Resource Typing description lists to provide the most accurate representation of available equipment/resources. *Note: Inclusion of resources does not indicate all resources are available for Mutual Aid responses.*

**Mail, Fax or Email the completed first 2 pages and any additional station info to:**

**MISSOURI DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF FIRE SAFETY  
 P.O. BOX 844  
 JEFFERSON CITY, MO 65102  
 FAX: 573-751-1744  
 Email: firesafe@dfs.dps.mo.gov**

**Division of Fire Safety Use Only**

Date Received:	Date Entered:
Notes:	

Kind	Type and # Available	Kind	Type and # Available
Engines (Pumpers)	I      V II      VI III     VIII IV	Water Tenders (Tankers)	I II III
Aerial	I      IIP IP      III II      III P	Rescue Squad	
Brush Truck	Other	Foam Tender (include percent concentrate)	I      % II      %
Portable Pump	I      w/trailer II      w/trailer III     w/trailer	Fuel Tender	I      Fuel type II      Fuel type
Ambulances (Fire service based)	I                  III II	Mobile Communications Unit	Trailer Based Vehicle Based
Bomb Squad/Explosives Team	I II III	Swiftwater/Flood Rescue Dive Team	I II III
Collapse Search & Rescue Team	I      III II      IV	Wilderness Search & Rescue Team	I II
Cave Rescue Team	I      III II      IV	HazMat Entry Team	I                  III II
Canine Teams (Explosives, Cadaver, Search, Tracking, Disaster, Accelerant, Wilderness)	Type: # of Teams:	HazMat Techs (Trained at Tech Level)	
Incident Support Team		Fire Boats	
Command Vehicles	Vehicle based Trailer based		

ADDITIONAL STATION NUMBER		PHONE NUMBER:
STATION PHYSICAL ADDRESS:		7) GIS LOCATION OF STATION (Long/Lat) If known:
CITY:	ZIP CODE:	10) COUNTY:
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