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|  | | | **2025**  **STATE OF ALASKA**  **FIRE DEPARTMENT REGISTRATION**  **APPLICATION**  **For questions, please contact Marie Collins at**  **(907) 269-5625.**  **PLEASE TYPE OR PRINT** | | | | | | | *Mail, Fax or Email completed form to:* **ALASKA DEPARTMENT OF PUBLIC SAFETY**  **DIVISION OF FIRE & LIFE SAFETY**  **5700 EAST TUDOR ROAD**  **ANCHORAGE, AK 99507**  **FAX: 907-338-4375**  **Email**: **marie.collins@alaska.gov**  **Complete and submit back between**  **January 1 – 31, 2025** | | | | |
| ***DEPARTMENT INFORMATION*** | | | | | | | | | | | | | | |
| **1) FDID:** | | **2) DEPARTMENT NAME:** | | | | | | | | | | | **3) ISO RATING:** | |
| **4) DEPARTMENT MAILING ADDRESS:** | | | | | | | | | **5) DEPARTMENT PHONE #:** | | | | **6) DEPARTMENT FAX #:** | |
| **7) CITY:** | | | | | | | | | | | | | **8) ZIP CODE:** | |
| **9) MAIN STATION/HEADQUARTERS *PHYSICAL ADDRESS:*** | | | | | | | | | | | | | | |
| **10) CHIEF OFFICER NAME:** | | | | | **11) E-MAIL ADDRESS:** | | | | | | | | **12) PHONE:** | |
| **13) ANFIRS MANAGER NAME:** | | | | | **14) E-MAIL ADDRESS:** | | | | | | | | **15) PHONE:** | |
| **16) POPULATION OF AREA SERVED BY THE DEPARTMENT**  **WINTER:**  **SUMMER:** | | | | | **17) NUMBER OF FIRE STATIONS:**  **(If more than one – please see page 9)** | | | | | | **18) NUMBER OF SQUARE MILES IN FIRE DISTRICT AREA:** | | | |
| ***DEPARTMENT BUDGET INFORMATION*** | | | | | | | | | | | | | | |
| **19) TOTAL DEPARTMENT ANNUAL BUDGET IN 2024:**  **20) DOES THIS INCLUDE AMBULANCE/MEDICAL OPERATIONS?**  **YES**  **NO** | | | | | | | | | | | | | | |
| ***DEPARTMENT PERSONNEL INFORMATION*** | | | | | | | | | | | | | | |
| **21) Full Paid Positions:**  **(Includes Admin. & Operations)**    **22) Part Paid Positions:**    **23) Volunteer:**  **24) On Call Paid:** | | | | | | | | **25) Total Volunteer Firefighters:**  **26) Total Active Members:**  **27) Total Firefighters:**  **28) Total EMS Qualified:** | | | | | | |
| ***DEPARTMENT APPARATUS INFORMATION*** | | | | | | | | | | | | | | |
| **FIRE** | | | | | | | | | | | | | | |
| **29)** **Pumpers**    **30)** **Brush Rigs**  **31)** **Fire Boats**  **32)** **Aerial Apparatus** | | | | **33)** **Rescue Vehicles**    **34)** **Rescue Boats**  **35)** **Tanker/Tenders**  **36)** **Code Red Equipment** | | | | | | | **37)** **Specialty**  **(foam, light unit, SCBA)**  **38)** **Command Vehicles**    **39)** **CFR** | | | |
| **AMBULANCE** | | | | | | | | | | | | | | |
| **40)** **BLS Units** | | | | | | **41)** **ALS Units** | | | | | | | | |
| ***DEPARTMENT RESPONSES*** | | | | | | | | | | | | | | |
| **The following two sections may duplicate the information on ANFIRS but this format allows quicker and more accurate tracking of specific information not on the ANFIRS reports. Please supply this information as accurately as possible. If your department has not submitted all required ANFIRS to the Division of Fire and Life Safety (13 AAC 52.020) your registration request will be denied until the requirement has been filled. If you do not know the status of your department ANFIRS, contact me.** | | | | | | | | | | | | | | |
| **RESPONSES DURING THE PREVIOUS CALENDAR YEAR (2024)** | | | | | | | | | | | | | | |
| **42)       Total Responses** | | | | | | **43)       Actual Fires in your Fire District Area** | | | | | | | | |
| **44) DOLLAR LOSS:**  **$** **Estimated Dollar Loss due to fire in your jurisdiction for the previous calendar year.** | | | | | | | | | | | | | | |
| ***ROUTINE DUTIES AND GENERAL CONDITION OF DEPARTMENT***  ***Per 13 AAC 52.030, the following questions MUST be answered to be a registered department.*** | | | | | | | | | | | | | | |
| **45)**  **Structural Firefighting**    **46)  Marine Firefighting**  **47)  Airport Fire/Rescue**  **48)  Grass/Brush Firefighting**  **49)  Wildland Firefighting**  **50)  Industrial Firefighting** | | | | **51)  Code Enforcement**    **52)  Plan Review**  **53)  Fire Cause Investigation**  ***(Mandatory duty)***  **54)  Public Fire Education**  ***(Mandatory duty)*** | | | | | | | **55)  Confined Space Rescue**  **56)  Dive Rescue**  **57)  EMS**    **58)  Search & Rescue**  **59)  Haz-Mat Team Response** | | | |
| **60) TRAINING OFFICER NAME:** | | | | | **61) E-MAIL ADDRESS:** | | | | | | | | **62) PHONE:** | |
| **63) Regular fire department/agency training occurs how often? And, on which day of the week? *(Mandatory duty)*** | | | | | | | | | | | | | | |
| **64) List or attach a summary of course or fire training received by the fire department firefighters in 2024: *(Mandatory duty)*** | | | | | | | | | | | | | | |
| **65) DEPT. PUBLIC EDUCATOR NAME:** | | | | | **66) E-MAIL ADDRESS:** | | | | | | | | **67) PHONE:** | |
| **68) How many public fire safety and burn prevention education programs were conducted in the community in 2024 and explain in detail what types: *(Mandatory duty)*** | | | | | | | | | | | | | | |
| **69) Describe the general condition of your department including its strengths and weaknesses, goals for the coming year and specific items where the Division of Fire and Life Safety could be of assistance?** | | | | | | | | | | | | | | |
| **NAME AND TITLE OF PERSON COMPLETING THE REPORT:** | | | | | | | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | | | | | |
| **TELEPHONE NUMBER:** | | | | | | | **DATE:** | | | | | | | |
| ***ALASKA STATE FIRE MARSHAL’S OFFICE***  ***List Fire Department Membership***  ***Roster 2025*** | | | | | | | | | | | | |
| **Fire Department Name:** | | | | | | | | | | | **DATE:** | |

**NAME: POSITION: PAY STATUS:**

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| **01.      .** |  | **Paid On-Call Paid Volunteer** |
| **02.** **.** |  | **Paid On-Call Paid Volunteer** |
| **03.** |  | **Paid On-Call Paid Volunteer** |
| **04.** |  | **Paid On-Call Paid Volunteer** |
| **05.** |  | **Paid On-Call Paid Volunteer** |
| **06.** |  | **Paid On-Call Paid Volunteer** |
| **07.** |  | **Paid On-Call Paid Volunteer** |
| **08.** |  | **Paid On-Call Paid Volunteer** |
| **09.** |  | **Paid On-Call Paid Volunteer** |
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**NAME: POSITION: PAY STATUS:**

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**NAME: POSITION: PAY STATUS:**

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| **48.** |  | **Paid On-Call Paid Volunteer** |
| **49.** |  | **Paid On-Call Paid Volunteer** |

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| **ADDITIONAL STATION INFORMATION**  **If the department has more than one station, complete or attach addition station information.** | |
| **ADDITIONAL STATION NUMBER** | **PHONE NUMBER:** |
| **STATION PHYSICAL ADDRESS:** | |
| **CITY:** | **ZIP CODE:** |
| **ADDITIONAL STATION NUMBER** | **PHONE NUMBER:** |
| **STATION PHYSICAL ADDRESS:** | |
| **CITY:** | **ZIP CODE:** |
| **ADDITIONAL STATION NUMBER** | **PHONE NUMBER:** |
| **STATION PHYSICAL ADDRESS:** | |
| **CITY:** | **ZIP CODE:** |
| **ADDITIONAL STATION NUMBER** | **PHONE NUMBER:** |
| **STATION PHYSICAL ADDRESS:** | |
| **CITY:** | **ZIP CODE:** |
| **ADDITIONAL STATION NUMBER** | **PHONE NUMBER:** |
| **STATION PHYSICAL ADDRESS:** | |
| **CITY:** | **ZIP CODE:** |