CERTIFICATE OF FIRE DEPARTMENT EXISTENCE

OFFICE OF ATTORNEY GENERAL
NORTH DAKOTA STATE FIRE MARSHAL
SFN 11893 (08/16)

AGENCY INFORMATION

Official Name of Department or District	☐ Fire Protection District ☐ City Fire Department ☐ Rural Fire Department		Date of Organization
Organization Mailing Address (Preferrably P.O. Box Number	City	State	ZIP Code
Fire Department ID Number	E-Mail Address		
Does the department or district meet the minimum requirement for Class 9 protection? ☐ Yes ☐ No			

PERSONNEL INFORMATION

Name of Fire Chief	Contact Telephone Number
Name of Assistant Fire Chief	Contact Telephone Number
Name of Secretary/Treasurer	Contact Telephone Number
Number of Fire Fighters	Is the fire chief paid/compensated $50 or more per year (NDCC 18:01:08)? ☐ Yes ☐ No

FIRE FIGHTERS APPARATUS/WATER SUPPLY INFORMATION

Number of Engines	Number of Aerials	Number of Tankers	Number of Other Apparatus	Type of Water Supply System ☐ Hyd ☐ Tanker/Shuttle ☐ Other

FIRE PROTECTION AREA

Have your fire district boundaries changed **within the last year**?

☐ No (If no, skip this section) ☐ Yes **If yes, complete next question and send a new map (verified and signed by the auditor) with a letter of explanation, to the State Insurance Commissioner prior to September 30.**

In your district, list every city and town as well as every township or part served:

I hereby certify that the above-named Fire Department or District was organized and in existence eight months prior to October 31; that the above statements are true and correct; and, according to Chapter 18-04 of the North Dakota Century Code, it is entitled to receive the Fire Insurance Premium Refunds as provided by law.

City Auditor (for City Department) **OR** Secretary/Treasurer (for Rural Department or District Signature)	Date
Fire Chief Signature	Date

After signing form, **keep a copy for your records** and return to: North Dakota State Fire Marshal, 250 N 31st St., Ste 7, Bismarck, ND 58501-5016 or email infofm@nd.gov. (The Fire Marshal's Office will forward copies to the Insurance Department and the North Dakota Firefighter's Association.)

THE DEADLINE FOR FILING THIS FORM IS OCTOBER 31ST OF EACH YEAR.

Completion of this form is mandated under the new law as per Century Code Chapter 18-04-05

EXPENDITURE OF ND INSURANCE TAX DISTRIBUTION FUND REPORT

(For moneys received Nov/Dec 2015 from ND State Insurance Department)

Name of Certified Fire Department / District			
Mailing Address	City	State	ZIP Code

Name of Person Submitting Report	
Telephone Number	E-Mail Address

Total ND Insurance Tax Distribution Funds Received in 2015	Amount Spent to Date	Total Balance of Remaining Funds
Of Remaining Balance '**Committed**' Amount (to a specific project)	**Balance of 'Uncommitted'** Reserve Funds	

PURPOSE OF COMMITTED FUNDS

(Complete this section only if amount entered in 'Of Remaining Balance 'Committed' Amount (to a specific project))

What is the purpose of the **committed** project?
What is the time frame for use of this **committed** reserve balance? ☐ 12 Month or Less ☐ 2-5 Years ☐ Over 5 years

THIS FORM MUST BE COMPLETED AND EMAILED/FAXED WITH YOUR CERTIFICATION OF EXISTENCE FORM

DUE OCTOBER 31, 2016