Rural Volunteer Fire Department Insurance Program
Application for Workers’ Compensation Insurance Assistance
CALENDAR YEAR 2012

Case #: ____________________

1. Name of Fire Department: ___________________________________________

2. Mailing Address:
   (Street or PO Box) ____________________________
   (City) ____________________________
   (Zip) ____________________________

3. Email Address: ________________________________________________

4. County: ____________________________ Department Telephone: ___________

5. State of Texas Charter Number (Required): __________________________

6. Federal Tax Identification Number (Required):
   Include completed copy of IRS Form W-9 when returning Application
   ________________________________________________

7. Membership - Number of Volunteers: _______________________________
   Number of Paid Full-Time: _________ ___________
   Number of Paid Part-Time: _________ ___________

8. Is your Department participating in a firefighter certification program administered under Section
   419.071 of the Texas Government Code (Texas Commission on Fire Protection), or by the State
   Firemen's and Fire Marshals' Association of Texas, or by the National Wildfire Coordinating Group?
   Yes ______ No _______

9. Does your department currently have Workers' Compensation Insurance, and/or Death,
   and/or Disability Insurance on its members?
   Yes ______ No _______

I certify that the information entered on this application is true and accurate and that I, the undersigned,
am authorized by the _________________________________ Volunteer Fire Department to represent
their interests in acquiring funds for the Department.

Name (Print): ____________________________ Telephone: ____________________________
Signature: ____________________________
Title: ____________________________ Date: ____________________________
Address: ____________________________ Email Address: ____________________________

Mail or fax a complete application package to:
Texas Forest Service
Attn: Emergency Services Grants Unit
200 Technology Way, Suite 1162
College Station, TX  77845-3424
Fax (979) 845-6160 -- Tel (979) 458-5540

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