



ANNUAL REPORT OF FIRE DEPARTMENT DEMOGRAPHICS

The Full Legal Name of the Fire Department (FD)		Date (mm/dd/yyyy)	FD Identification #			
FD Phone	FD Email					
FD Physical Address						
City	State		Zip			
FD Mailing Address <i>(if different than physical address)</i>						
City	State		Zip			

Does the department have any additional stations (sub stations)? Yes No If yes, how many: _____

Please provide the name and physical addresses and phone numbers of these other fire stations (sub stations):

Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone

Chief Officer Contact Information

Please provide the name and contact information of the Fire chief and any assistant/deputy chiefs your department currently has in it ranks.

Name	Rank	Cell Phone	Email Address	Term Dates

Department Information

Please provide the number of active members your department has on the roster

<p>* Total Active Exterior Firefighters <i>A firefighter trained to support fireground operations from outside IDLH environments and is not medically cleared to wear an SCBA.</i></p>	<p>What type of organization is your FD?</p> <input type="checkbox"/> Fire District <input type="checkbox"/> Fire Company <input type="checkbox"/> Fire Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Other: _____
<p>* Total Active Interior Firefighters <i>A firefighter that has been medically cleared to wear a self-contained breathing apparatus (SCBA) and trained to perform interior structural firefighting duties and entry into immediate dangerous to life or health (IDLH) environments.</i></p>	
<p>* Total Active Members <i>This shall include interior firefighters, exterior firefighters, other active members responding to alarms such as EMS members, Fire Police, or other support personnel.</i></p>	

* The accuracy of this information is vital for OFPC to determine the stipend program efficacy on recruitment and retention efforts across the state.

Incident Reporting System Administrator Contact Information

Name	Email address	Phone number	Primary/Alternate

Incident Reporting Method

<input type="checkbox"/> Direct to NFIRS/NERIS database	<input type="checkbox"/> 3 rd Party RMS Vendor
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This form only needs to be completed once annually. Submit completed form to OFPC-Stipend@dhses.ny.gov