

TCFP- 050	Application for Regulation Form
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Purpose: This form is to be utilized by departments and other agencies requesting regulation and services from the Texas Commission on Fire Protection.

Reserved for agency use:

Date Received:

Date Approved:

Approved By:

Personal Information: Provide the pertinent information regarding the agency and primary contact that the form is being submitted for.

Definitions:

Date: Date signed.

TCFP FDID: Fire Department ID number. (if applicable). **This is **NOT** your NERS number or NFIRS number, it is the department's assigned number from TCFP.**

TCFP Acceptance Authority Signature: Legal signature.

Signature of Applicant: Legal signature of the officer charged with responsibility for applying for regulation by the agency or department that is applying.

Questions?

Contact us:

Email: inspections@tcfp.texas.gov

Number: (512) 357-3198

Date Received	Texas Commission on Fire Protection Compliance Division	Date Approved
	P.O. Box 2286, Austin, Texas 78768-2286	
	Application for Regulation	

****The information below must be legible, and the form must be signed by department requesting official.**

Agency Information:			
Agency Name	Type of Agency (select all that apply):		Agency Phone Number
Tyler County Fire Marshal Office	<input type="checkbox"/> Fire Suppression <input type="checkbox"/> ARFF	<input type="checkbox"/> Fire Prevention <input type="checkbox"/> Training	<input checked="" type="checkbox"/> Fire Marshall <input type="checkbox"/> All listed
Agency Email: <i>jdilbeck@co.tyler.tx.us</i>			409-200-1587
Agency Physical Address: <i>201 Veterans Way Woodville, TX 75979</i>			
Agency Mailing Address: <i>201 Veterans Way Woodville, TX 75979</i>			

Agency Primary Contact Information:			
Primary Contact Name	Primary Contact Phone Number	Primary Contact Email	Primary Contact PIN (if applicable)
<i>Justin Dilbeck</i>	<i>409-200-1587</i>	<i>jdilbeck@co.tyler.tx.us</i>	

Name of Head of Department (if appointed): *Justin Dilbeck*

Do you have paid staff now? Yes No

Has your department ever had a TCFP FDID #? Yes No

TCFP FDID # (if applicable):

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

TCFP Acceptance Authority Signature: City Manager or Board President Signature:

Signature of Applicant:

Justin Dilbeck

Printed Name:

Judge Milton Powers

Printed Name:

Printed name of Applicant:

Justin Dilbeck

Date:

Date:

Date: