

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

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

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

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

Name of Head of Department (if appointed): <u>Justin Dilbeck</u>
Do you have paid staff now? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has your department ever had a TCFP FDID #? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

Milton Powers  
 Printed Name: Judge Milton Powers  
 Date: 5-11-2024

Justin Dilbeck  
 Printed name of Applicant: Justin Dilbeck  
 Date: 5-11-2024