



ARKANSAS DEPARTMENT OF AGRICULTURE FORESTRY DIVISION

Arkansas FEPP and FFP Equipment Request Form

*The current fire chief must have a signed cooperative agreement on file before equipment requests will be honored. Please make sure all information is accurate and legible.

Fire Department Name: _____ FDID: _____

Mailing Address: _____

Physical Address: _____

County: _____ Forestry District: _____

Please choose one type of equipment per request form.

Tanker How many gallons will this haul? _____ Bay Door Height: _____

Additional Information: _____

Brush Truck Size Range: _____ Drive Type: _____

How many gallons will this haul? _____

Additional Information: _____

Service Truck Size Range: _____ Drive type: _____

Additional Information: _____

Pumper How many gallons? _____ GPM _____

Additional Information _____

Fire/Rescue Boat Size Range: _____

Additional Information _____

Other Please be as descriptive as possible: _____

***Required: The following questions will be used to rate requests based upon greatest need.**

1) Approximate population of fire district? _____

2) Number of active firefighters? _____

***Active firefighter** is a member of a fire department or organization in good standing that is qualified to respond and extinguish fires or perform other fire department emergency services and has actively participated in such activities during the past year. – 44 CFR §152.2 Definitions.

3) What percentage of firefighters are volunteer? _____

4) How many square miles does your fire district cover? _____

5) Does your fire department have a signed mutual aid/automatic aid agreement with other

departments? Yes No

(Continues →)



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- 6) In the last year how much has your fire department received from funding sources besides Act 833?
\$ _____.
- 7) Based upon a five-year average how many calls for emergency services does your department respond to in a one-year timeframe? _____.

Please describe why your department is in need for the requested equipment? _____

List the number of like item(s) already owned or used by the fire department. (I.e. if requesting a pumper please list other pumpers already used by the department – EX. 1974 LaFrance Pumper)

_____	_____
_____	_____
_____	_____
_____	_____

Fire Chief Sign: _____ **Date:** _____

Fire Chief Print: _____ **Phone #:** _____

<u>RFP Use Only</u>	
Current CA on file: _____	Last time type of equipment was issued: _____
Additional Notes: _____	

