Rural Volunteer Fire Department Insurance Program
Application for Workers’ Compensation Insurance Assistance
CALENDAR YEAR 2008

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 Form W-9 when returning Application

7. Membership - Number of Volunteers: ___________________ Number to be Insured ___________________
   Number of Paid Full-Time: ___________________ Number to be Insured ___________________
   Number of Paid Part-Time: ___________________ Number to be Insured ___________________

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: ________________________________ Date: ______________________________
Title: ________________________________ Email Address: _______________________________
Address: __________________________________________

Mail or fax completed application and W-9 to the following:
Texas Forest Service
John B. Connally Building
301 Tarrow, Suite 304
College Station, Texas 77840-7896
Attn: Emergency Services Grants Department
Fax (979) 845-6160 -- Tel (979) 458-6505

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