



STATE OF CALIFORNIA, THE RESOURCES AGENCY  
DEPARTMENT OF FORESTRY AND FIRE PROTECTION (CAL FIRE)

**APPLICATION FOR PARTICIPATION**  
FIREFIGHTER PROPERTY (FFP) PROGRAM

NEW

UPDATE

SCREENER ID (Update Only):

Date of Application: \_\_\_\_\_


<b>COOPERATOR INFORMATION</b>	
Cooperator Name:	
Physical Address (No P.O. Box):	
Mailing Address (If different from above):	
City:	
County:	
Zip Code:	
Phone Number:	
Fax Number:	
Fire Cooperator Email:	
<b>COOPERATOR'S FIRE CHIEF'S INFORMATION</b>	
Title:	
Name:	
Email:	
Phone Number:	
Cell Phone Number:	
<b>COOPERATOR'S FFP POINT OF CONTACT (POC) / SCREENER</b>	
<i>Designated Point of Contact/Screeener does not have to be Fire Chief. The POC must be an individual who may be easily reached to coordinate with CAL FIRE.</i>	
Title:	
Name:	
Email:	
Phone Number:	
Cell Phone Number:	

<input type="checkbox"/>	I certify that I have read and understood the FFP Program Guide for Cooperators to participate in the Firefighter Property Program (Title 10 U.S. Code § 2576b).
--------------------------	--


<input type="checkbox"/>	I certify that appropriate local funding will be made available to transport, repair, maintain, retrofit and refurbish FFP equipment to comply with the placed in service deadline of one (1) year from the date acquired property is picked-up from Department of Defense (DoD) Disposition site and returned to Local Fire Cooperator's site.
--------------------------	---

**\* This application must be updated and resubmitted within 30 calendar days whenever there is a change in either of the following:**

1. Local Fire Cooperator's name, mailing and physical address, contact numbers (direct phone and fax) and email;
2. Fire Chief's information: name, contact numbers (direct phone and cell phone) and email;
3. Main Point of Contact for FFP Screeners and FFP general information: name, contact numbers (direct phone and cell phone) and email.

<b>COOPERATOR</b>	
NAME OF COOPERATOR:	
BY (Authorized Signature):  	DATE SIGNED:
PRINTED NAME AND TITLE OF PERSON SIGNING:	

***Note: This section filled out by Sacramento FFP Program Office & USFS***

<b>STATE OF CALIFORNIA</b>	
<b>Department of Forestry and Fire Protection</b>	
APPROVED  <input type="checkbox"/>	DENIED  <input type="checkbox"/>
BY (CAL FIRE BUSINESS SERVICES OFFICE):  	DATE SIGNED:
PRINTED NAME AND TITLE OF PERSON SIGNING:	