



# FIREWISE COMMUNITIES/USA APPLICATION

Complete this form and submit it to your Firewise State Liaison no later than December 31. The Firewise State Liaison must receive copies of the assessment, the community plan and event documentation in order for Firewise processing to occur. Firewise Communities/USA participants are given credit for work completed during the calendar year. If your state has no Firewise State Liaison, contact [FirewiseUSA@aol.com](mailto:FirewiseUSA@aol.com) for mailing instructions.

The community of \_\_\_\_\_, state of \_\_\_\_\_, hereby applies to be officially recognized and designated as a qualified participant in the Firewise Communities/USA recognition program for the year \_\_\_\_\_. Members of the community have adopted the following Firewise Communities/USA recognition program standards:

**FORMED A FIREWISE BOARD**

List Board members and fire agency representative(s), date board was established, meeting dates, and the address, phone number and e-mail of Board President.

Date Established:

Board Members

Board President:

Meeting Dates

Address:

City, State, Zip:

Phone #:

Email:

**INVESTED AT LEAST \$2/CAPITA IN FIREWISE PROJECTS**

Total Firewise expenditures, including equipment and volunteer hours ..... \$

Number of residents in community .....

**COMPLETED A COMMUNITY ASSESSMENT**

Date of assessment:

Name and agency/company conducting assessment

Provided a hard copy of assessment to state Firewise representative.

**CREATED A PLAN**

Date plan completed

Provided a hard copy of the plan to state Firewise representative.

**HELD A FIREWISE DAY**

Date of Firewise Day:

Describe the activity including date, time, number of people attending and location:

Provided hard copies of any publicity, programs, news coverage and/or other supporting information to the state Firewise representative.

Submitted by:

E-mail address

Date

**Please provide the following contact information:**

**State Forestry Contact**

Name:  
Agency:  
Address:  
City, State, Zip:  
Telephone:  
Fax:  
Email:

**Community Fire Chief**

Name:  
Department:  
Address:  
City, State, Zip:  
Telephone:  
Fax:  
Email:

**TO BE COMPLETED BY FIREWISE COMMUNITIES/USA STATE LIAISON OR REPRESENTATIVE:**

Complete this form and mail it along with the community's application form (COVER SHEET ONLY) to:  
**Firewise Communities/USA Recognition Program**  
**One Batterymarch Park**  
**Quincy, MA 02169**

To notify program staff of the pending application or to discuss the application with staff, please send an email to [firewiseusa@aol.com](mailto:firewiseusa@aol.com).

**CERTIFICATION**

(To be completed by State Forester or designated representative)

The state forestry office or appropriate official has reviewed the application of the above-named community and determined it has met the five Firewise standards of achievement in wildfire mitigation. Therefore, this applicant should be designated as a Firewise Communities/USA participant for the current calendar year.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Person who should receive recognition materials:

Name:

Title:

Agency/Organization:

Address:

City, State, Zip:

Phone #:

Fax #:

Email: