



# TEXAS INDUSTRIAL EMERGENCY SERVICES BOARD

Division of the State Firemen's and Fire Marshals' Association of Texas

## INDUSTRIAL EMERGENCY RESPONSE VEHICLE REGISTRATION CERTIFICATE APPLICATION

### NOTICE

For the purpose of defraying the expense of administering this registration, each Industrial Emergency Response Vehicle application requires a **non-refundable fee of ten (\$10.00)** payable to State Firefighters' and Fire Marshals' Association (SFFMA).

The application/certificate requires renewal **annually**.

Your facility must be a member of the **State Firefighters' and Fire Marshals' Association of Texas** in order to register Industrial Emergency Response Vehicles. Contact the SFFMA if you are not currently a member for the appropriate Industrial membership requirements and documentation necessary for submittal.

### TIESB/SFFMA USE ONLY

Received Date	
Payment Rec'd	
Approved By	
Title	
Approval Date	
Certificate Number	
Expiration Date	
Renewal Cert #	
Mailed Date	

### Facility Information

Facility Name <input type="checkbox"/> Check if Changed	
SFFMA ID#	Department/Agency
Mailing Address	Emergency Response Director
	Phone
City State Zip	E-mail

### Complete This Section for All Vehicles (type or print)

Application Type		
<input type="checkbox"/> Original Registration	<input type="checkbox"/> Registration Renewal	<input type="checkbox"/> Replacement Sticker
Texas License Plate Number: <input type="checkbox"/> Check if Changed (Renewals)	Facility Vehicle Designation: <input type="checkbox"/> Check if Changed (Renewals)	
Manufacturer	Year	Model
VIN		
Vehicle Type		
<input type="checkbox"/> Fire Apparatus (complete and attach page 2)	<input type="checkbox"/> Industrial Ambulance (complete and attach page 3)	
<input type="checkbox"/> Other – Explain:  (complete and attach page 2)		
Actual Location of Assignment for This Vehicle		

**\*\* PHOTOGRAPHS OF RESPONSE VEHICLE MUST ACCOMPANY APPLICATION \*\***

Digital Photographs Preferred

*Vehicle Number and License Plate Number must be clearly visible*

**FIRE APPARATUS**

Complete the following section for fire apparatus vehicles and vehicles other than industrial ambulances (Compliance is listed in the Industrial Emergency Response Vehicle Criteria):

Type			
<input type="checkbox"/> Aerial	<input type="checkbox"/> Brush Unit	<input type="checkbox"/> Cascade Unit	<input type="checkbox"/> Command Vehicle
<input type="checkbox"/> Decon Unit	<input type="checkbox"/> Dry Chemical Unit	<input type="checkbox"/> Emergency Support Vehicle	<input type="checkbox"/> Engine
<input type="checkbox"/> Foam Aerial	<input type="checkbox"/> Foam Engine	<input type="checkbox"/> Foam Tanker	<input type="checkbox"/> Hazmat Truck/Trailer
<input type="checkbox"/> Hose Tender	<input type="checkbox"/> Multiple Casualty Unit	<input type="checkbox"/> Rescue Truck/Trailer	<input type="checkbox"/> Quick Attack
<input type="checkbox"/> Twin Agent	<input type="checkbox"/> Other _____		
Gross Vehicle Weight Rating		Gross Weight (Loaded)	
Overall Length	Height	Width	
Description of Equipment Vehicle Carries (e.g., pump capacity, hose size/amount, nozzle size(s), type of foam concentrate/dry chemical)			

I attest that this application for an Industrial Emergency Response Vehicle Certificate by the **Texas Industrial Emergency Services Board (TIESB)** of the **State Firefighters' and Fire Marshal's Association of Texas (SFFMA)** accurately represents the described vehicle and equipment. This certificate will remain valid so long as the described vehicle and equipment is maintained as defined by the Industrial Emergency Response Vehicle Criteria and that this information may be substantiated upon request.

Emergency Response Director/Coordinator	Signature	Date
---	-----------	------

**\*\* PHOTOGRAPHS OF RESPONSE VEHICLE MUST ACCOMPANY APPLICATION \*\***

Digital Photographs Preferred

*Vehicle Number and License Plate Number must be clearly visible*

## **EMERGENCY MEDICAL VEHICLE – INDUSTRIAL AMBULANCE**

Complete the following section for emergency medical vehicles (industrial ambulances) (Compliance is listed in the Industrial Emergency Response Vehicle Criteria):

Type	<input type="checkbox"/> <b>ALS</b> (Advanced Life Support)	<input type="checkbox"/> <b>BLS</b> (Basic Life Support)
The general vehicle requirements comply with a design, type and equipment specification requirement equivalent to the Emergency Medical Service Rules, Texas Department of State Health Services.		
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
Indicate the type of ambulance by checking the appropriate space.		
<input type="checkbox"/> <b>Type I</b> <input type="checkbox"/> <b>Type II</b> <input type="checkbox"/> <b>Type III</b>		
The equipment on the vehicle meets the requirements for a basic life support vehicle, is clean, in working order, and in sufficient quantity.		
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
The equipment on the vehicle meets the requirements for a basic life support vehicle and an advanced life support vehicle.		
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

I attest that this application for an Industrial Emergency Response Vehicle Certificate by the **Texas Industrial Emergency Services Board (TIESB)** of the **State Firefighters' and Fire Marshal's Association of Texas (SFFMA)** accurately represents the described vehicle and equipment. This certificate will remain valid so long as the described vehicle and equipment is maintained as defined by the Industrial Emergency Response Vehicle Criteria and that this information may be substantiated upon request.

_____	_____	_____
<b>Emergency Response Director/Coordinator</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Medical Director/Coordinator</b>	<b>Signature</b>	<b>Date</b>