

**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS**  
**PUBLIC SAFETY SERVICES**  
**FIREMEN'S SUPPLEMENTAL PAY**  
**BOARD OF REVIEW**  
**NEW FIRE DEPARTMENT/DISTRICT QUESTIONNAIRE**

Please answer the following questions so the Firemen's Supplemental Pay Board of Review can make a determination of you Fire Department/Fire Protection District.

1. What is the legal name of your entity? \_\_\_\_\_  
Submit a copy of the statute or legal requirements which set up your entity.
2. What is your Federal Tax Identification Number (E.I.N.)? \_\_\_\_\_
3. Is your department a Profit or Non-Profit entity? \_\_\_\_\_  
Submit a copy of the IRS Letter of Determination.
4. What is your total Budget per year? \_\_\_\_\_
5. How much of this budget is provided by the Municipality, Parish, or FPD? \_\_\_\_\_
6. Does your Fire Department have a contract to provide services? \_\_\_\_\_ (yes or no)  
If yes attach a copy of the contract and an explanation of its terms.
7. Do your employees belong to a Municipal Civil Service System? \_\_\_\_\_ (yes or no)
8. Are your employees paid by Profit Corporation funds? \_\_\_\_\_ (yes or no)
9. Are your employees paid by Non-Profit Corporation funds? \_\_\_\_\_ (yes or no)
10. Are your paid Firefighters employees of the Municipality, Parish, or Fire Protection District or any combination of the above? \_\_\_\_\_ (yes or no) Please explain any NO answers.
11. Do your paid Firefighters receive a paycheck directly from the State of Louisiana. \_\_\_\_\_ (yes or no) Please explain any NO answers.
12. Do your paid Firefighters receive a paycheck directly from the Municipality, Parish, or Fire Protection District or any combination of the above? \_\_\_\_\_ (yes or no) Please explain any NO answers.

13. Which training program is your department presently using to train your firefighters?
- |    |                          |       |     |       |    |
|----|--------------------------|-------|-----|-------|----|
| A. | LSU Fire Training        | _____ | yes | _____ | no |
| B. | Our own Training Program | _____ | yes | _____ | no |
| C. | Other Training           | _____ | yes | _____ | no |
14. Submit a detailed description of your Fire Department's training program if you answered yes to "B" or "C" above. Include the number of training hours required. \_\_\_\_\_ (check if description is attached)
15. If you answered yes to "B" or "C" in number 13 above, what form of testing certification does your department use after completion of the training program?
- |    |                            |       |     |       |    |
|----|----------------------------|-------|-----|-------|----|
| A. | LSU Certification Test     | _____ | yes | _____ | no |
| B. | Our own Certification Test | _____ | yes | _____ | no |
| C. | Other Certification Test   | _____ | yes | _____ | no |
16. Submit a sample copy of the test if you answered yes to "B" or "C" above. \_\_\_\_\_ (check if sample copy is attached)
17. If you use any Training Program or Certification Test other than LSU Fire Training submit a sample copy of the "Certificate" received upon completion. \_\_\_\_\_ (check if sample copy is attached)

Approved By: \_\_\_\_\_  
Fire Chief, signature  
  
\_\_\_\_\_  
Fire Chief, typed name  
  
\_\_\_\_\_  
Date

Certified By: \_\_\_\_\_  
Mayor/Parish President, signature  
  
\_\_\_\_\_  
Mayor/ Parish President, typed name

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Date

**To knowingly submit false information could constitute a criminal offense, such as, false swearing, falsification of public documents, or theft by fraud. Furthermore, negligent submission of erroneous information may subject such negligent person to personal liability for any resulting overpayment of supplemental pay.**