



I, _____ Chief of the _____ Fire Department, certify that the _____ Fire Department complies with the Twin State Fire Mutual Aid Association By-Laws Article III, Section-5 as follows:

The _____ Fire Department:

1.
 - a) Operates a Pumper that meets the requirements of NFPA 1901 when constructed and has a minimum of a 1000 gpm pump, 500-gallon tank, 1,000 feet of large diameter hose and SCBA for each seat other than the operator's seat.
 - b) Operates a Tanker that meets the requirements of NFPA 1901 when constructed with a minimum of 1500 gallons and capable of being filled at a rate of 250 gpm and dumping at a rate of 500 gpm. All tankers that exist as of January 1, 2016, are exempt or have been exempt from having a Tanker by the Board of Directors.
 - c) Has adequate firefighters to staff the Pumper with a minimum of 3 firefighters qualified for interior firefighting at least 80% of the mutual aid calls and a Tanker or substituted apparatus with 2 firefighters at least 90% of the mutual aid calls.
 - d) Possesses suitable radios, fittings, and adapters to effectively work within the Twin State system.
 - e) Trains a minimum of 6 times a year with a minimum of 70% of the membership in attendance as evidenced by training records.
2. I have submitted evidence that our Department is covered by Workers Compensation Insurance;
3. I have submitted a current roster of my fire fighters that identifies their name, rank, and contact information and;
4. I have submitted a current inventory of my Apparatus and the major equipment carried on the apparatus in a format as prescribed by the Twin State Dispatch Committee.

Certified on the _____ day, in the month of _____ of the year _____, by _____, Chief of the _____ Fire Department.

Signed: _____

Chief of Department