

 **TOOL 6: APPLICATION FOR REGISTRATION OF AN FPA [FORM 1]**

DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES:

FORM 1: APPLICATION FOR REGISTRATION OF A FIRE PROTECTION ASSOCIATION PART 1

May 2004 version

1. Particulars of the Fire Protection Association

- 1.1. Name:
- 1.2. District Municipality(ies) or Metropole(s) within which the Fire Protection Association would fall (give additional names if there is more than one):
.....
- 1.3. Subdivision of the District or Metropole, such as a Local Municipality or District Management Area, within which the Fire Protection Association would fall (give the additional names if there is more than one):
.....
- 1.4. Province(s) (give the additional names if there is more than one):
.....
- 1.5. Is this an existing organisation such as a Farmers' Association, Fire Control Committee, Nature Conservancy or a Disaster Management structure that wishes to register as a Fire Protection Association? Yes/No
- 1.6. If yes, give the name of the existing organisation and date of formation:
Name: Date of formation:
- 1.7. If yes, give the title of the statute or ordinance under which the organisation was formed (if any):
.....

2. Particulars of the person initiating the registration of the Fire Protection Association

- 2.1. Surname.....
- 2.2. Initials..... 2.3. Title.....
- 2.4. Postal address:
.....
.....
- 2.4.1. Postcode:
- 2.5. Physical address (only if different from postal address):
.....
.....
- 2.5.1. Postcode:
- 2.6. Contact telephone number during office hours
 - 2.6.1. Area code: 2.6.2. Number:
 - 2.6.3. Extension: 2.6.4. Cellphone:
- 2.7. E-mail address:

3. Declaration that no owner has been deliberately excluded from meetings or discussions about the formation of the Fire Protection Association

I hereby declare that to the best of my knowledge no owner within the area of the Fire Protection Association has been deliberately excluded from meetings or discussions about this Fire Protection Association and that all reasonable steps have been taken to include owners in the relevant meetings and discussions.

.....
Name Signature

.....
Capacity Date

4. Particulars of the area of jurisdiction of the Fire Protection Association

4.1. If the area coincides with that of a municipality, name the municipality:

.....

4.2. If boundaries do not agree with part or any of the boundary of your District Municipality or the boundaries of your local municipality, please give brief reasons for this:

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.....
.....

4.3. Give a brief explanation of why you chose to define your area as it is:

.....
.....
.....

4.4. Please attach a 1:250 000 topo-cadastral map or a map issued to you by the Department showing the boundaries of your Fire Protection Association. Indicate wherever there is a common boundary with a neighbouring Fire Protection Association and write the name of that Association on the map.

4.5. Estimated extent of the area within the boundaries of the FPA: [hectares]

4.6. Estimated proportion of the area represented by owners who would be members of the FPA[%]

5. Declaration that no other Fire Protection Association is intended or exists within the area of the Fire Protection Association

I hereby declare that to the best of my knowledge no other Fire Protection Association exists or is planned within any part of the area of the Fire Protection Association.

.....
Name Signature

.....
Capacity Date

6. Declaration by the person initiating the formation of the Fire Protection Association

6.1. Surname:

6.2. Initials: 6.3. Title:

6.4. I declare that the information given in this form is true and correct.

.....
Signature Date

7. Recommendation by an appropriate representative of local government

7.1. Surname:

7.2. Initials: 7.3. Title:

7.4. Position:

7.5. I recommend that the Fire Protection Association should go on to complete Form 2, with the following qualifying requirements (if any):

.....
.....
.....
.....

OR

I do not recommend that the Fire Protection Association should go on to complete Form 2, for the following reasons:

.....
.....
.....
.....

.....
Signature Date

8. Recommendation by the regional representative of the Department of Agriculture, Forestry and Fisheries

8.1. Surname:

8.2. Initials: 8.3. Title:

8.4. Position.....

I recommend that the Fire Protection Association should go on to complete Form 2, with the following qualifying requirements (if any):

.....
.....
.....
.....
.....

OR

I do not recommend that the Fire Protection Association should go on to complete Form 2, for the following reasons:

.....
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.....
.....

.....
Signature Date

9. Declaration by the regional Chief Director (Cluster Manager) of the Department of Agriculture, Forestry and Fisheries

9.1. Surname:

9.2. Initials: 9.3. Title:

9.4. Position:

I support the recommendation set out in 8 above.

.....
Signature Date

FOR OFFICE USE ONLY

NOTIFICATION APPROVED:

NOTIFICATION NOT APPROVED:

IF NOT APPROVED, RECTIFICATION REQUIRED AS FOLLOWS:

FILE REFERENCE: