

Fire Company Letterhead

Delaware Volunteer Firefighter/EMT Surf Fishing Permit /Annual Pass Permit Application

Surf Fishing Permit Annual Pass Permit

<i>To be filled out by Applicant</i>			
Fire Company:			
Fire Company Address:			
Fire Company Phone Number:			
Member Name:			
Street Address:			
City:	State:	Zip:	
Phone:	Select One: Firefighter Emergency Medical Technician Life Member		
I, the undersigned, certify that I am an active member of the Fire/EMS company named above and furthermore certify that I responded to 20% or more alarms received by our station in the past year. I further understand that, in receiving a free surf fishing permit, I must be actively engaged in surf fishing while on a surf fishing beach with my vehicle, and that I must abide by all rules and regulations associated with this permit, including but not limited to vehicle and equipment requirements. Signature: _____ Date: _____			
<i>To be filled out by Fire/EMS Company President</i>			
I, the President of the above-named Fire/EMS Company , certify that the applicant is an active member of said company and has met all requirements as set forth in Title 7 Del.C § 4701(F) and shall be eligible for a free (or reduced rate, if residing out-of-state) surf fishing permit.			
Name of Company President (printed):			
President's Signature: _____ Date: _____			
<i>To be filled out by Delaware Volunteer Firefighter's Association President</i>			
I, the President of the Delaware Volunteer Firefighter's Association , attest that the individual named above is the current President of the stated Fire/EMS Company.			
Name of Association President (printed):			
President's Signature: _____ Date: _____			

<i>Office Use Only</i>	Permit No.:	Park:	Issued By (print clearly):
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