

Fire Company Letterhead

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

Member must include a current copy of the following with the application (please check):

Driver's License

Vehicle Registration

To be filled out by Applicant		
Fire Company:		
Fire Company Address:		
City:	State:	Zip:
Fire Company Phone Number:		
Member Name:		
Street Address:		
City:	State:	Zip:
Phone:	Select One:	
Email:	<input type="checkbox"/> Firefighter <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Life Member	
Permit Applying for (select one): <input type="checkbox"/> Peak Surf Permit <input type="checkbox"/> Off-Peak Surf Permit <input type="checkbox"/> Annual Pass		
<p>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.</p>		
_____		_____
Signature		Date
To be filled out by Fire/EMS Company President		
<p>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. I also certify that all required documentation has been included with this application.</p>		
Name of Company President (printed):		
_____		_____
Signature		Date
To be filled out by Delaware Volunteer Firefighter's Association President		
<p>I, the President of the Delaware Volunteer Firefighter's Association, attest that the individual named above is the current President of the state Fire/EMS company.</p>		
Name of Association President (printed):		
_____		_____
Signature		Date

Office Use Only	Permit No:	Date Issued:	Issued By (print clearly):
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DELAWARE STATE
PARKS

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