DEPARTMENT OF 9BJ & CBA9BH, FORESTRY AND FISHERIES FORM 1: APPLICATION FOR REGISTRATION OF A FIRE PROTECTION ASSOCIATION PART 1

February 2020 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 the 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.	Surna	me
2.2.	Initials	S
2.3.	Title	
2.4.	Posta	address:
	2.4.1.	Postcode
2.5.	Physic	cal address (only if different from postal address):
	2.5.1.	Postcode:
2.6.	Conta	ct telephone number during office hours
	2.6.1.	Area code:
	2.6.2.	Number:
	2.6.3.	Extension:
	2.6.4.	Cellphone:
27	F-mai	l 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 municipal	ality, name the municipality:		
	4.2. If boundaries do not agree with part of Municipality or the boundaries of your locathis:			
	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: hectare				
4.6. Estimated proportion of the area represented by owners who would be members 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 knowled exists or is planned within any part of the area of				
	Name	Signature			
	Capacity	Date			
6.	Declaration by the person initiating the form Association	nation of the Fire Protection			
	6.1. Surname				
	6.2. Initials				
	6.3. Title				
	6.4. I declare that the information given in this f	orm is true and correct.			
	Signature	Date			

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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 swith the following qualifying requirements (if any)	should go on to complete Form 2,	
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 Environment, **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:

Date

Signature

9.	Declaration by the regional Chief Director of the Departme Forestry and Fisheries.	nt of Agriculture,	
	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 FOLLO	OWS:	
	FILE REFERENCE:		