Form FA-1



Fire State Aid Certification for Aid Payable in 2025

Due March 17, 2025 (normally March 15), to avoid penalty | Email as a PDF file to PropTax.Admin@state.mn.us
Only if email not possible, mail to Minnesota Revenue, Mail Station 3340, St. Paul, MN 55146-3340

Important Notes: This is a fillable PDF form; save copy to your computer, complete digitally, attach to email and send. All fields are required. Certify by checking certification box and typing name. Save a completed copy for your records.

County	Name of Fire Department
Fire Department ID (assigned by state fire marshal)	Public-Safety Answering Point (PSAP) and Dispatch Agency

Certification of Service Area

Choose one of the statements below after reviewing the Fire Service Areas Report as of **December 31, 2024**, which can be found by going to www.revenue.state.mn.us/fire-state-aid and selecting "Service Areas and Apportionment Agreements." The report has one page for each fire department and is alphabetical by fire department name. You can find your department's service area by scrolling through the document or searching the text for the department's name.

If changes were made to the service area of your department by Dec. 31, 2024, please clearly indicate that when delivering this form including by providing any applicable fire protection contracts, termination notices, and apportionment agreements in separate email attachments. Information about apportionment agreements and a blank apportionment agreement form can be found in the same area on the Fire State Aid webpage as the Fire Service Areas Report. No changes will be made for Fire State Aid purposes without sufficient documentation.

The information in my department's portion of the Fire Service Areas Report is accurate as of December 31, 2024.

The information in my department's portion of the Fire Service Area report is not accurate as of December 31, 2024. The supporting documentation providing evidence of the necessary change, as described in the above, is included separately with this certification.

Certification of Fire Department Status

Yes	No
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Has your fire department provided service for at least one calendar year prior to December 31, 2024?

Certification

I certify that I am authorized to submit this information and that it is true and correct to the best of my knowledge. I understand that anyone giving false information is subject to a fine of up to \$3,000 and/or up to one year in prison. [Minnesota Statutes, section 609.43]

Certifier Name (Municipal Clerk or Secretary)	Certifier Title		Date
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Certifier Email Address		Certifier Phone Numb	ber