

Arkansas FEPP and FFP Equipment Request Form

Please make sure that all information is accurate and legible. Please print all information unless other wise indicated.

VFD Name: _____ Phone: _____

Physical address: _____

Mailing address: _____

City: _____

Zip: _____

County: _____

Please choose **ONE** type of equipment per request:

Generator _____ Size range _____

Trailer or skid mount? _____

Tanker _____

How many gallons will this haul? _____

Brush truck _____ Size range _____ Drive type _____

Will a pump/engine or skid unit be needed? _____ Gallons _____

Service truck _____ Size range _____

Pumper _____ GPM _____

Tires _____ Size _____ Qty _____

Other _____

Please be as descriptive as possible

Comments (if requesting a vehicle, let us know if it needs to be painted, what color, lettered, etc.) _____
Is an interest free loan anticipated? _____

Fire chief signature

Date