

Governor's Commission on Fire Protection Personnel, Standards, and Education

KSA-1

FIRE DEPARTMENT INFORMATION FORM

Mark Appropriate Change Requested:

Change of Chief

Change of Fire Department Information

Change of Chief and Fire Department Information

Fire Commission Office Use Only:

Date Application Received: _____

Date Changes Complete: _____

Fire Department Name: _____

Physical Street Address: _____

Mailing Address: _____

City: _____ **County:** _____ **ZIP:** _____

Fire Department Email Address: _____

Fire Department Telephone #: _____ **Fax #:** _____

Federal Identification Number: _____

Fire Chief Information

Fire Chief Name: _____

Email Address: _____

Address: _____

City: _____ **County:** _____ **ZIP:** _____

Home Telephone: _____ **Cell Phone:** _____

Fire Chief Signature: