

**New Hampshire Department of Safety
Division of Fire Standards and Training
& Emergency Medical Services**

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New Hampshire Fire Chief Notice of Change

NOTE: Information on this form will be utilized by the Division of Fire Standards and Training & Emergency Medical Services (NHFSTEMS). This information will also be used by FST to verify fire department file authorization.

Section 1: FIRE DEPARTMENT INFORMATION

Official name of fire department:

Type of department (check one):	<input type="checkbox"/> Career	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Combination
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Mailing address:	(Street / PO Box #)		
	City	State	Zip
Physical address (if different):	(Street)		
	City	State	Zip
Department contact numbers:	Phone:	Fax:	
	Dispatch:		

Section 2: CHIEF'S INFORMATION

Chief's full name (First, M.I., Last):

Effective date of appointment:	Email:
Cell phone:	Work phone:
	Home phone:
Chief's signature:	Date:

Section 2: TRAINING OFFICER'S INFORMATION (if applicable)

1. Training officer's full name (First, M.I., Last):

Cell phone:	Work phone:	Home phone:
Training officer's email:		

2. EMS training officer's full name (if different from above):

Cell phone:	Work phone:	Home phone:
EMS training officer's email:		
Training officer's signature:	Date:	

Section 3: OTHER AUTHORIZED PERSONNEL (if applicable)

- This section is to be used to list department personnel, other than the Chief and Training Officer, who are authorized to access any information regarding fire department members **and/ or** sign all EMS license applications (Unit/Vehicle/Provider), including applications from EMS Providers with primary affiliation with your Unit.

Name of authorized person	Title of authorized person
1.	
2.	
3.	
Chief's signature:	Date: