

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

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**Authorized  
Personnel &  
Chief Change Form**

**NOTE:** Information on this form will be utilized to verify fire department demographic information and record authorization access. This form **MUST** be updated whenever there is a Chief change and/or a change to the listed authorized personnel.

**Section 1: FIRE DEPARTMENT/ EMS UNIT INFORMATION**

Official Name of Fire/EMS Unit:

FDID #:

EMS Unit License # (if applicable):

**Section 2: CHIEF/SERVICE LEADER INFORMATION**

Chief/Service Leaders' full name (First, M.I., Last):

Work phone:

Email:

**Section 3: AUTHORIZED PERSONNEL AND EMS LICENSE SIGNERS**

- This section is to be used to list department personnel who are authorized to access and sign on behalf of the agency. An authorized signer allows them to receive any information regarding department members **and** sign all EMS license applications (Unit/Vehicle/Provider), including applications from EMS Providers with primary affiliation with your Unit. Only those listed will be permitted to receive information and/or sign on behalf of the department. Please include Administrative Assistants if they need access as well.
- "Position" of Authorized Personnel is **not** rank, this is defined as what the individual is responsible for at the department/agency.

Name of Authorized Person	Position of Authorized Person	Are they a Training Officer?
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes

By signing below, I certify that the information on this form is up to date and only those listed above as authorized personnel are able to sign/speak on behalf of this department/agency.

Chief's signature:

Date: