

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

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Personal Data Update Form

NOTE: Information on this form will be entered into the database used by NHFSTEMS to track student training.

Section 1: STUDENT DEMOGRAPHIC INFORMATION					
First name:		M.I.	Last name:		
Sex: M	F	Date of birth (mm/dd/yyyy):		Last 4 digits of S.S. #:	
U.S. Citizen? Y		N	If not a U.S. citizen, name country of birth:		
Home mailing address:	(Street / PO Box #)				
	Town / City		State	Zip	
Cell phone number:		Home phone number:		Work phone number:	
For text message course confirmations, list your cell phone provider:					
Primary email:			Secondary email:		
Section 2: DEPARTMENT / AGENCY AFFILIATION INFORMATION					
Official name of PRIMARY department / agency:				Phone #:	
Title or position:			Career	Volunteer	Call
Department / agency mailing address:	(Street / PO Box #)				
	Town / City		State	Zip	
Official name of SECONDARY department / agency:				Phone #:	
Title or position:			Career	Volunteer	Call
Department / agency mailing address:	(Street / PO Box #)				
	Town / City		State	Zip	
Student signature:				Date:	