

# CPAT and Eligibility List Department Agreement Form

**Please return this document no later than February 1, 2018**

Department Name: \_\_\_\_\_ IAFF License Number \_\_\_\_\_

Department Chief: \_\_\_\_\_ Chief's Email Address: \_\_\_\_\_

Send the final list to the following email address: \_\_\_\_\_

Contact person for State Entrance Testing:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person's email address: \_\_\_\_\_

Number paid career FFs \_\_\_\_\_ Call Members \_\_\_\_\_ If Volunteer dept. check box

**NOTE: If you need to update your department's demographic information with the Division, here is the online link: [https://apps.nh.gov/blogs/irc/?page\\_id=652](https://apps.nh.gov/blogs/irc/?page_id=652)**

Member(s) to assist with and monitor the physical ability testing:

Assistant: \_\_\_\_\_ Best contact phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Assistant: \_\_\_\_\_ Best contact phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Assistant: \_\_\_\_\_ Best contact phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Chief or Authorized Signature:

Signature: \_\_\_\_\_

Print Name/Rank: \_\_\_\_\_

**Please return this document to Captain Scott Merrill by February 1, 2018**

Email: [scott.merrill@dos.nh.gov](mailto:scott.merrill@dos.nh.gov) cell 617-510-8193

Mailing address: NH FST&EMS, 33 Hazen Dr. Concord NH. 03301 (Fax: 603-271-1091)

Questions?