State Firefighters' and Fire Marshals' Association PO Box 1709 Manchaca, TX 78652-1709

Please note for your records that _	(first name)	(middle
name)	(last name) has taken over the d	uties of fire chief o
	FD/VFD as of	(date)
	(if known) and the las	
SSN# are and D	OB is	·
	ail address to provide the SFFMA Online	
information, as soon as possible: _		•
	Signature:	
Title:		
Date:		
I acknowledge the above as accura	te and true as it pertains to my positior	in this department.
Signature of new fire chief:		

** MUST PRINT ON FD LETTERHEAD**