[College Letterhead]

Date

Office of the State Fire Marshal

State Fire Training

Re: Dean/College Administrator Signatory Update

To Whom It May Concern:

As the current Dean/College Administrator for \_\_\_\_\_\_\_\_\_\_\_ (insert college name), I am designating the individual(s) listed below to sign on my behalf for State Fire Training Certifications and Registrations. I was appointed to the position of Dean/College Administrator on \_\_\_\_\_\_\_ (insert date). The individual(s) listed below are Authorized Signatories as of \_\_\_\_\_\_\_\_ (insert date). These signatures supersede any others on record.

|  |
| --- |
|   |
| Fire Technology Director Name: |
| SFT ID#: |
| Email: |
| Signature: |
|  |
| Fire Technology Coordinator Name:  |
| SFT ID#: |
| Email: |
| Signature: |
|  |

Respectfully,

Dean’s/College Administrator’s Signature

Full Name

Email Address

College Name