[ DEPARTMENT LOGO ]

Date

Office of the State Fire Marshal

State Fire Training

Re: Fire Chief/Signatory Update

PO Box 944246

Sacramento, CA 94244-2460

To Whom It May Concern:

As the current Fire Chief for the [city, county, agency] of \_\_\_\_\_\_\_\_\_\_\_, I am designating the individuals listed below to sign on my behalf for State Fire Training Certifications and Registrations. I became the Fire Chief on \_\_\_\_\_\_\_ (insert date of service). The Individual(s) listed below are Authorized Signatories as of (insert date of service). These signatures supersede any others on record.

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| --- |
|  |
| Name: |
| SFT ID#: |
| Email: |
| Signature: |
|  |
| Name: |
| SFT ID#: |
| Email: |
| Signature: |
|  |
| Name: |
| SFT ID#: |
| Email: |
| Signature: |
|  |
| Fire Chief SFT ID#: |
| Fire Chief Email: |

Respectfully,

Fire Chief Signature

Fire Chief Full Name

Fire Department