|  |  |  |
| --- | --- | --- |
| **DPSST Office Use Only**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Department of Public Safety Standards and Training**4190 Aumsville Hwy SE Salem, OR 97317Phone: 503-378-2100Fax: 503-378-4600Agency Merger/Name Change Form(Revised 05/2013) | logobwTIF |

**Current Agency Information:**

|  |  |
| --- | --- |
| **Agency Name:**       | **Phone:**      |
| **Agency Mailing Address:**      | **City:**      | **Zip:**      |
| **Fire Chief:**      | **Training Officer:**      |

**New Information - *Each Agency affected will need to fill out an individual form.***

 **(Please check one of the following):** **[ ]  Change of Agency Name -OR-** **[ ]  Merger of Agencies**

|  |  |  |
| --- | --- | --- |
| **Agency Name:**       | **Agency Phone:**      | **Agency Fax:**      |
| **Agency Mailing Address:**      | **City:**      | **Zip:**      |
| **Agency Physical Address:**      | **City:**      | **Zip:**      |
| **Effective Date:**      | **OSFM Agency Number:**      | **Additional Information:**      |

***Please Attach Official Letterhead To This Document Reflecting Any Changes Made.***

|  |  |  |
| --- | --- | --- |
| **Fire Chief:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |  |  |
| --- | --- | --- |
| **Designated Training Officer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

**IMPORTANT NOTE:**

**On the next page please list any other training officers and/or authorized signers for your agency. Any that are not listed will be removed as signers for your agency.**

**Agency Training Officer(s):**

|  |  |  |
| --- | --- | --- |
| **Training Officer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |  |  |
| --- | --- | --- |
| **Training Officer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |  |  |
| --- | --- | --- |
| **Training Officer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

**Agency Authorized Signer(s):**

|  |  |  |
| --- | --- | --- |
| **Authorized Signer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |  |  |
| --- | --- | --- |
| **Authorized Signer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |  |  |
| --- | --- | --- |
| **Authorized Signer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |  |  |
| --- | --- | --- |
| **Authorized Signer:**       | **Primary Phone:**      | **Secondary Phone:**      |
| **Email:**      | **Fax Number:**      |

|  |
| --- |
| **As an authorized signer I have reviewed this form for completeness and accuracy.** I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke DPSST certification(s).OAR 259-009-0010, requires fire agencies to submit this information to DPSST within thirty (30) business days after employment or change in employment status.**If this form is not filled out completely, it will be returned unprocessed.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature:** |  | **Printed Name**: |       |  |       |
|  | (Signature of Agency Head or Designee) |  |  |  | **Date** |