|  |  |  |
| --- | --- | --- |
| **DPSST Office Use Only**  Agency Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Department of Public Safety Standards and Training**  4190 Aumsville Hwy SE  Salem, OR 97317  Phone: 503-378-2100  Fax: 503-378-4600 Agency 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** |