

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)

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:** _____ **Date** _____
 (Signature of Agency Head or Designee)