



# Georgia Firefighter Standards and Training Council



## Agency Information Update Form

This form should be used to notify GFSTC of agency changes. This helps ensure the accuracy of our records and deters the possibility of unauthorized changes.

You may complete only the section(s) of this form where changes at the agency have occurred.  
**This document must be signed by the designated person and returned to Georgia Firefighter Standards and Training at 1000 Indian Springs Drive, Forsyth, Georgia, 31029.**

### AGENCY HEAD

This must be signed by whomever the Agency Head reports to, i.e., City Manager, County Commissioner, etc.

Print Agency Head's Name \_\_\_\_\_

Agency Head's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY NAME, ADDRESS, AND PHONE NUMBER

Print Agency's Name \_\_\_\_\_

Print Agency's Address \_\_\_\_\_

Print Agency's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

Agency Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZED SIGNATURE

The person(s) authorized by the Agency Head to sign forms, reports, or other documents submitted to Firefighter Standards and Training.

Print Designee Name \_\_\_\_\_

Designee Signature \_\_\_\_\_

Print Designee Name \_\_\_\_\_

Designee Signature \_\_\_\_\_

Agency Head's Signature \_\_\_\_\_ Date \_\_\_\_\_