



# GEORGIA FIREFIGHTER STANDARDS AND TRAINING

## Station Addition, Relocation, or Closure Form



Station Addition    
 Station Relocation    
 Station Closed

Agency Name: \_\_\_\_\_ Station Name: \_\_\_\_\_

Station Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Chief of Dept: \_\_\_\_\_

Station Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**JURISDICTION**

CHECK ONLY ONE FROM CATEGORIES 1-4

1.  **Government:** An official unit of a government, and set up, by that government. The signature on this form must be the chief administrative officer of the fire department.  
 A.  Municipal    B.  County    C.  State    D.  Federal
2.  **Subscription:** A department funded by subscribers for fire protection.
3.  **Private Company:** A company established (either profit or non-profit) to provide fire protection by contract. Non-profit means under IRS provision.  
 A.  Profit    B.  Non-Profit
4.  **Independent Corporation:** A department not meeting any of the above, and is established by corporate charter and by-laws; usually has Board of Directors which is responsible for the department.

**TYPE OF DEPARTMENT**

1.  Paid (all)                      2.  Combination (part paid, part volunteer)                      3.  Volunteer (all)

Under penalty of perjury I verify that the foregoing information is true and correct based upon my personal knowledge and the information available to me, and that this department/station meets minimum requirements for compliance as provided for in Georgia law (except in the case of station closure); I hereby request that the Georgia Firefighter Standards and Training Council review and/or inspect this department/station and issue a certificate of compliance (if applicable).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

On Site Inspection By: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Agency Compliance Number: \_\_\_\_\_

**PLEASE RETURN TO:**  
 Georgia Firefighter Standards Training  
 1000 Indian Springs Drive  
 Forsyth, GA 31029  
 FAX: (478) 993-4511