

GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL CANDIDATE INITIAL REGISTRATION

AGENCY NAME: _____

Instructions:

- 1 Please submit this form to notify us as soon as possible when a new member is appointed to or employed with the identified agency/department.
- 2 Initial registration will attach the individual to an agency/department in this state and provide them with a GFSTC ID.
- 3 The GFSTC ID is essential for individuals to learn, because it will become necessary for testing and obtaining information with our agency.

	SOCIAL SECURITY NUMBER	FIRST NAME	LAST NAME	DATE OF BIRTH	C = CAREER P = PART-TIME V = VOLUNTEER S = SUPPORT I = INMATE	APPOINTMENT OR EMPLOYMENT DATE
1						
	CANDIDATE EMAIL ADDRESS:					
2						
	CANDIDATE EMAIL ADDRESS:					
3						
	CANDIDATE EMAIL ADDRESS:					
4						
	CANDIDATE EMAIL ADDRESS:					
5						
	CANDIDATE EMAIL ADDRESS:					
6						
	CANDIDATE EMAIL ADDRESS:					
7						
	CANDIDATE EMAIL ADDRESS:					

I verify that the foregoing information is true and correct based upon my personal knowledge, the information available to me, and the personnel listed are members of the above named agency. Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968 PP 1249, 1310).

Signature of Agency Head/Designee _____ Date _____

Print Name _____