Alabama Fire College

Volunteer Firefighter Roster Changes

Return this form to Certification:
Scan and email: certification@alabamafirecollege.org

Name of Department Requesting Changes: _____

Address: _____

Phone: _____

Department Email: _____

Name and Rank of Person Requesting Changes: _____

Address: _____

Cell Phone: _____

Email: _____

As Chief (or designee) of the above department, I authorize the change below as requested:

Signature _____ Date _____

Add/Delete?	Name	DOB	SSN (Last 4)