Department of Homeland Security

Michael T. Baylous, Cabinet Secretary
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OFFICE OF THE STATE FIRE MARSHAL

1600 Pennsylvania Avenue
Charleston, WV 25302
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AFFIDAVIT FROM LOCAL FIRE CHIEF (Must be completed by Chief, Acting Chief)				
Fire Department Name				
(Acting) Fire Chief's Name				
Phone		Date		

I, the undersigned, swear and affirm that I am the duly appointed/elected Fire Chief of the fire department listed above, and the required documentation and information submitted in, and with this application, is true in every respect. I fully understand that any false or misleading information may result in denial of certification or revocation of any certification obtained by providing false information. I also fully understand that by submitting fraudulent documentation or information, that I may face other penalties under law. I will operate the department in compliance with all applicable laws, rules, and regulations, and will not allow the department or members of the department to act or operate in a manner while engaging in fire department related activities, that is not in compliance with all applicable laws, rules, and regulations. I hereby give permission to the Office of The West Virginia State Fire Marshal to contact any agency or school provided on this application or supporting documentation to verify the information provided by the applicant is accurate. Being qualified, according to the provisions of Title 87 Series 13 Code of West Virginia, I hereby make application for Fire Chief Certification.

Chief's Signature		Date	

State of _____ County of _____
I certify this to be a complete, exact and true copy of
the original document.
Certified this _____ day of _____ , 20 _____. (SEAL)

_____
Notary Public

My Commission Expires _____

SIGNATURE AND CERTIFICATION APPROVAL FROM THE WEST VIRGINIA STATE FIRE COMMISSION	
Fire Commissioner's Signature	
Fire Commissioner's Printed Name	
Date	

PRINT FORM CLEAR FORM