



### Fire Chief Designation Form

I, \_\_\_\_\_, hereby certify that the following individuals can represent \_\_\_\_\_ for business related to the Kansas State Firefighter's Association.

#### Department Representatives:

1. Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

The representatives listed on this form will remain as designees and be allowed to conduct KSFFA business unless otherwise notified by the Department Chief. Please communicate this designation with appropriate staff.

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

Return completed forms to: [KSFFAwebmaster@gmail.com](mailto:KSFFAwebmaster@gmail.com).

**Kansas State Firefighters Association**  
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785-600-1531  
[www.KSFFA.com](http://www.KSFFA.com)