**Berks County Department of Emergency Services**

**Fire and EMS Officer Change Form**

**AGENCY INFORMATION:**

**Agency Name:**       **Agency Email Address:**

**Physical Address:**       **Municipality:**

**Mailing Address:**       **City:**       **Zip Code:**

**Public Telephone Number:**       **Non-Public Telephone Number:**       **FAX Number:**

**AUTHORIZED FIRE OFFICER DESIGNATIONS**

(See Appendix G III Non-Law Unit Radio ID Summary of the Radio System SOPs for more information)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COMMISSIONER = FC  CHIEF = CHF  DEPUTY = DEP  ASSISTANT = AST | | CAPTAIN = CP  LIEUTENANT = LT  SERGEANT = SGT  CORPORAL = CPL | FIRE MARSHALL = FM  LOCAL EMERGENCY MANAGEMENT COORDINATOR = EMC  DEPUTY LOCAL EMERGENCY MANAGEMENT COORDINATOR = DEP EM | | | | FIRE POLICE CAPTAIN = FPCP  FIRE POLICE LIEUTENANT = FPLT  FIRE POLICE SERGEANT = FPSGT |
| **The officer identifier starts with the officer title or name (use the abbreviations above). It is then followed by your company number, or municipality number if applicable. If you have more than one of the same officer title, then the second officer would have a suffix of 1 after the company number and each additional officer would have an increasing suffix number.**  **If you are company 99 and have 2 deputies, their designators would be as follows: Deputy 99 & Deputy 99-1 or DEP99 & DEP99-1.** | | | | | | | |
| **Officer Designator** | **Officer Name** | | | **Contact Number** | **Alternate Contact Number** | **Email** | |
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**SUBMITTED BY**

**Name:**

**Title:**

**Date:**

**BELOW LINE FOR DES USE ONLY**

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| --- | --- |
| Form Received By: | Date: |
| CAD Updated By: | Date: |
| Forwarded to Planning Manager & Admin Asst.: | Date: |

**Return Completed Form To:**

[**BerksDES@countyofberks.com**](mailto:BerksDES@countyofberks.com)

**Or FAX: 610-655-4902**