

F.D. Member Status Form

Return by Mail:
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Name of Fire Department: _____

Name of Member: _____

Last 4 digits of Social Security Number AND TIMS #: _____

Please complete if new member or address/phone number has changed:

Address: _____

Phone Number: _____

Member Status

____ New (for new members, please indicate date joined Fire Dept _____ / _____ / _____)
Date

____ Inactive

____ Delete

____ Deceased

____ Change to Honorary

____ Other: _____

Please complete if applicable

Transferred IN from: _____

Transferred OUT from: _____

Person Completing Form: _____

Contact Phone Number: _____

F.D. Member Status Form - Directions

Name of member - Use legal name (NO nicknames). Include first name, middle initial and last name.

Address & Phone - Be sure this is the correct/current information.

Social Security # - Roster and Training records are entered using the SS#/TIMS.

Status - If you check:

- New - A firefighter who is joining the fire department and hasn't had any previous training to transfer.
- Inactive - Their records will be transferred to the inactive file and can be reactivated at a later date.
- Delete - The records will be deleted.
- Deceased - The records will be deleted.
- Honorary - The records will remain on your roster, unless you request to have them deleted.

If the firefighter is a transfer, please indicate whether they are transferring IN or OUT of the department. The State will be notified to transfer their records to the firefighter's new department.