

State of New Hampshire
 Department of Natural and Cultural Resources
 Division of Forests and Lands
FOREST PROTECTION BUREAU

DEPUTY FOREST FIRE WARDEN APPOINTMENT FORM

Date	/ /	Town		District	
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CANDIDATE INFORMATION

Name					
Mailing Address					
E-mail Address					
Home Phone	()	-	Cell Phone	()	-
Work Phone	()	-	Date of Birth	/	/

By signing below, I understand and agree to being recommended for appointment to the position of Deputy Forest Fire Warden, and furthermore, that any vehicle plate, ID card and/or other equipment issued to me by the state of New Hampshire is the property of the state of New Hampshire and will be returned at the conclusion of my appointment, as determined by the Director of the Division of Forests & Lands

Candidate Signature	/ / Date
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MUNICIPALITY RECOMMENDATION

By signing below, the Forest Fire Warden, Selectmen/Mayor/Town/City/Manager recommend the above named person for appointment by the Director of the Division of Forests and Lands

Candidate Authorized to Issue: **Fire Permits** **Official Warnings**

Forest Fire Warden Signature	/ / Date
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Chairperson, Mayor, Town/City Manager Signature	/ / Date
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Selectman Signature	/ / Date
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Selectman Signature	/ / Date
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DELETE PREVIOUS APPOINTMENT OF	
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DIVISION APPROVAL

Forest Ranger Signature	/ / Date
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Director, NH Division of Forests and Lands Signature	/ / Date
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