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

| ISSUING AGENT APPOINTMENT FORM (To issue fire permits only)  |           |          |           |             |                                      |   |             |         |
|--|-----------|----------|-----------|-------------|--------------------------------------|---|-------------|---------|
| Date   | / /       | 1        | Town      |             |                                      |   | District    |         |
| CANDIDATE INFORMATION  |           |          |           |             |                                      |   |             |         |
| Name   |           |          |           |             |                                      |   |             |         |
| Mailing Ad   | ddress    |          |           |             |                                      |   |             |         |
| 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 Issuing Agent, and furthermore, that any 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        |         |
|  |           |          |           |             |                                      |   |             |         |
| MUNICIPALITY RECOMMENDATION  |           |          |           |             |                                      |   |             |         |
| By sigr  | -         |          |           |             | commends the al<br>Division of Fores |   | •           | son for |
| Fore   | st Fire W | arden S  | Signature | )           |                                      |   | Date        |         |
| DELETE PREVIOUS APPOINTMENT OF   |           |          |           |             |                                      |   |             |         |
|  |           |          |           |             |                                      |   |             |         |
| DIVISION APPROVAL  |           |          |           |             |                                      |   |             |         |
|  |           |          |           |             |                                      |   | / /         |         |
| Fores  | t Ranger  | Signatu  | ire       |             |                                      |   | Date        |         |
| Directo  | or NH Div | /ision o | f Forests | and Lands S | Signature                            |   | / /<br>Date |         |

REV. 06/2018