

California Department of Forestry and Fire Protection Office of the State Fire Marshal California All Incident Reporting System

FIRE DEPARTMENT INFORMATION CHANGE NOTICE

Email to: cairs@fire.ca.gov

To update information regarding a fire department already issued a Fire Department Identification (FDID) Number by the California Department of Forestry and Fire Protection (*CAL FIRE*), Office of the State Fire Marshal (OSFM), please complete the information below and mail to:

Office of the State Fire Marshal California All Incident Reporting System P. O. Box 944246 Sacramento, CA 94244-2460

Check box below if entry	FDID Number:
is a change	Date Information Submitted to OSFM:
	Department Name:
	Mailing Address:
	City: Zip:
	Headquarters Address:
	City Zip:
	Phone Number: Fax:
	Fire Chief:
	OES Designator: Email address (optional):
	TYPE: City County District Private State Tribal
	STATUS: Paid Mostly Paid Volunteer Mostly Volunteer
	Deactivate FDID: FDID: FDID:
	Reactivate FDID:
COMM	ENTS:
Submitt	ted by: Title:
Questic	"Thank you, in advance, for sharing your updated information with CAL FIRE" ons or Comments? Contact Jennifer.Bowman@fire.ca.gov telephone: (916) 445-8435
For Internal (Verified by	v. Date:
FDID Data	mation sent to State Fire Training: Date updated: