

PORT JERVIS FIRE DEPARTMENT



Application for Intra-Department Transfer

**REQUEST TO TRANSFER
INTRA-DEPARTMENT
PORT JERVIS FIRE DEPARTMENT**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

CELL PHONE _____

E-MAIL _____

Requesting transfer from (company) _____

Into (company) _____

Are you an active member and currently in good standing at your present company (i.e.: current with dues, assessments, and all obligations)?

_____ Yes

_____ No

A letter of clearance from the company in which you currently hold membership, must be included with this application, signed by the appropriate company officer.

Signed _____
(applicant)

Approved by current company (date) _____

Approved by company being transferred into (date) _____

Approved by Board of Officers (date) _____

Approved by Common Council _____