Clear Form

Print Form

Oklahoma Firefighters Pension and Retirement System
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us

APPOINTMENT OF NEW OFFICIAL

(Indicate only a change)

Fire Department _____ County _____ Code _____

Fire Chief _____ Phone _____
(between 8:00 a.m. to 4:30 p.m.)

_____
Fire Department Mailing Address

Fax _____

_____ _____ _____
City State Zip

Email _____

Is this a paid, volunteer or combination fire department? ☐ Paid ☐ Volunteer ☐ Combination

If this is a paid or combination department, does the Fire Chief have at least 3 years of paid firefighting experience? ☐ YES ☐ NO

Is the Fire Chief serving as the police chief, city manager, mayor or any other position? ☐ YES ☐ NO
If Yes, please indicate what position. _____

Clerk _____ Phone _____
(between 8:00 a.m. to 4:30 p.m.)

_____
Municipality Mailing Address

Fax _____

_____ _____ _____
City State Zip

Email _____

Contact Person _____ Phone _____
(between 8:00 a.m. to 4:30 p.m.)

_____
Municipality Mailing Address

Fax _____

_____ _____ _____
City State Zip

Email _____

Mayor (or Chrm of Bd) _____ Phone _____

Treasurer _____ Phone _____

Payroll Clerk _____ Email _____