



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

Seventh Floor, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334
(404) 656-2056 TDD# (404) 656-4031
www.gainsurance.org

I, _____, have read and understand Title 25, Safety Fire Commissioner, Georgia Annotated Code. In accordance with Paragraphs 25-2-12.1 and 25-2-14, the **City of** _____ **and/or the County of** _____ accepts full responsibility for the enforcement of the following areas of responsibility:

(_____) **FIRE SAFETY INSPECTIONS**

- a. Inspect and enforce minimum standards on existing buildings.
- b. Issue certificates of occupancy for existing buildings and collect fees.
- c. Promote a fire safety education program throughout the area of jurisdiction.
- d. Maintain a complete set of current Georgia Safety Fire Laws.
- e. Prepare and submit monthly reports to the State Fire Marshal's Office.
(Copies of the certificates of occupancy issued and all fees collected must be submitted.)

(_____) **REVIEW PLANS AND SPECIFICATIONS**

- a. Conduct 80% and 100% inspections on new construction.
- b. Issue construction permits on new construction and collect fees.
- c. Issue construction permits on major renovations and collect fees.
- d. Issue certificates of occupancy for new construction and collect fees.
- e. Maintain a complete set of current Georgia Safety Fire Laws.
- f. Maintain a complete filing system on each facility.
- g. Prepare and submit monthly reports to the State Fire Marshal's Office.
(Copies of the certificates of occupancy issued, construction permits issued and all fees collected must be submitted.)

(_____) **ARSON INVESTIGATIONS**

- a. Conduct arson investigations.
- b. Maintain a complete set of current Georgia Safety Fire Laws.
- c. Maintain a complete filing system on each incident.
- d. Prepare and submit monthly reports to the State Fire Marshal's Office.

The following named person(s) are qualified and will assist me in performing my duties as Local Fire Marshal under my direct supervision and responsibilities:

Name	Position & Responsibility	Address
_____	_____	_____

It is understood that the State Fire Marshal's Office is available and will provide assistance upon proper notification from the authority having jurisdiction. It is also understood that my appointment will be reviewed for renewal.

_____	_____	_____
Date	Title/Position	Signature

LOCAL FIRE MARSHAL QUESTIONNAIRE

1. Name: _____

2. Address: _____

City: _____ State: _____ Zip: _____

Phone # (____) _____ Fax # (____) _____

3. Place of Employment: _____

4. Dates & Places of Past Employment: _____

5. Educational Background: _____

6. Social Security #: _____
(required for training verification purposes only)

Fire Inspector Certification (GFSTC):

Certificate number: _____ Date Issued: _____
(Attach a copy of the certificate with your applications.)

Fire Investigator Certification (GFSTC):

Certificate number: _____ Date Issued: _____
(Attach a copy of the certificate with your applications.)

7. Additional Training Experience: _____

8. Areas requesting to be deputized in:

(____) Fire Safety Inspections of Existing Facilities & Promote Education.

(____) Review of Plans and Specifications for New Construction, Issue
Construction Permits, Fire Safety Inspections of New Construction, Issue
Certificates of Occupancy & Promote Education.

(____) Arson Investigations.

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO THE STATE FIRE MARSHAL'S OFFICE.

NAME: _____

MAILING ADDRESS: _____

OFFICE ADDRESS: _____

OFFICE PHONE # _____ **OFFICE FAX #** _____

PAGER # _____ **CELL #** _____

EMAIL ADDRESS: _____

PLEASE INDICATE THE LOCATION & POSITION YOU ARE REQUESTING TO BE DEPUTIZED FOR:

Local Fire Marshal Deputy Local Fire Marshal State Inspector

COUNTY: _____

and/or

**(Please complete both
if applicable.)**

CITY: _____