

**EDDY COUNTY
FIRE & RESCUE**



Member Transfer Form

Member Name / Date: _____

Members Current Department: _____

Department Requesting transfer to? _____

Reason for transfer request: _____

Current Chief Comments: _____

Member in good standing? Yes No

Current Chief Signature / Date: _____

Receiving Department Chief Comments: _____

Receiving Department Chief Signature / Date: _____

Department Transferring Equipment? Yes No

If equipment is being transferred please attach list of equipment.

Member is responsible for providing all training certificates to the transferred department.

All members wishing to transfer to another department must complete form. Form is to be completed by both departments and kept on file at both departments.