

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Processed
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808	Processed By
	Removal from Appointment Removal from Appointment to Fire Protection Duties	

Important: Commission rule requires a regulated entity to notify the commission of personnel changes within 14 days of occurrence.

It is the individual's right to maintain certification after removal from appointment with the department listed below.

Clearly type or print when completing this form.

Individual Being Removed from Appointment:					
FIDO Pin	Last Name	Suffix	First Name	Middle Name or Initial	
Home Address of Individual		City	State	Zip Code	Phone Number
Email Address					
Individual Signature: _____			Date Signed: _____		

Department:	
FDID No.	Department Name

Date and Reason for Removal:	
Date of Removal	Reason for Removal:
	<input type="checkbox"/> Retired <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Fire Chief or Administrative Head: _____ Date: _____

Printed Name of Fire Chief or Administrative Head: _____

Purpose: This form is to be utilized by a department to notify the commission of the removal from fire protection duties of a person currently appointed to duties with a department. Commission rule requires a regulated entity to notify the commission of personnel changes within 14 days of occurrence.

Date Received: Reserved for agency use.

Date Processed: Reserved for agency use.

Processed by: Reserved for agency use.

Individual Being Removed from Appointment: The name of the person that is being removed from appointment to fire protection duties.

FIDO PIN: Provide the person's TCFP FIDO Pin number assigned to the person by the commission.

Last Name: The person's last name.

Suffix: Examples: Jr., Sr., III, etc.

First Name: Full first name.

Middle Name or Initial: The person's middle name or middle initial (if applicable).

This will assist in maintaining the individual's personal records with the commission.

Home address of the employee: The last known address of the person.

City: Last known.

State: Last known.

Zip Code: Last known.

Phone Number: Last known.

Individual Signature and Date: The signature is not required if the person is not available to sign the form.

FDID No.: The identification number assigned to the department by the commission.

Department Name: Name of the department performing the appointment removal.

Date of Removal: The effective date of the removal from fire protection duties.

Reason for Removal: Check the appropriate box.

Signature of the Fire Chief or Administrative Head/Date: The legal signature of the individual who has the authority to make personnel decisions for the department that is submitting the TCFP-005 with the date the individual signed the form.

Printed Name: Print the name of the fire chief or the administrative head.