



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

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## MEMORANDUM:

TO: All Local Fire Marshal Program Participants

FROM : M. Dwayne Garriss, Assistant State Fire Marshal 

SUBJECT: Local Fire Marshal Deputization (Tuesday, February 05, 2008)

DATE: January 10, 2008

All program participants will be deputized by John W. Oxendine, Insurance and Safety Fire Commissioner, on Tuesday, February 05, 2008. The reception will begin at 8:00 am in the South Wing on the 2<sup>nd</sup> floor of the State Capitol. Please plan to assemble in this area no later than 8:45 a.m. to be sworn in by the Commissioner at 9:15 a.m. A copy of this memo shall be faxed **A.S.A.P.** to Dawn Taylor at (404) 657-7009 to indicate your plans for attendance.

In addition to completing the application packet, all local fire marshal program participants are **required** to submit a copy of their Fire Inspector and/or Fire Investigator State Certificate issued by Georgia Firefighters Standards and Training in order to be deputized in 2008. If the certificate was issued prior to Jan. 1, 2007; a letter from the applicants' "training officer" shall be included. This letter must indicate that required continuing education for all applicable certifications has been completed and that these records are "current" with Georgia Firefighters Standards and Training. All required documents for deputization shall be sent to the State Fire Marshal's Office no later than **January 25, 2008**.

\_\_\_\_\_ I plan to attend the deputization on February 05, 2008.

\_\_\_\_\_ I **do not** wish to renew my deputization with the State Fire Marshal's Office.

\_\_\_\_\_ I will need to **make an appointment** to be sworn in at the State Fire Marshal's Office.

Name / Title \_\_\_\_\_  
(PLEASE PRINT)

City \_\_\_\_\_ County \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_