Office of the Fire Marshal Victoria Health Center 65 Brunswick Street, 2nd Floor Fredericton, NB E3B 1G5

Phone: (506) 453-2004 Fax: (506) 457-4899



Name:	
Personal Mailing Address:	
Rank:	
Fire Department Name:	
Fire Department Civic Address:	
Home Phone	Work Phone
Fax Number	Fire Dept. Phone
Your E-mail	Fire Dept. E-mail
Appointment:	
☐ Local Assistant ☐ Fire Investigator	☐ New Appointment ☐ Renewal
Have you attended the Basic Fire Investigation course?	☐ Yes ☐ No
Have you completed any Fire Investigation Training (NFPA 1033)?	☐ Yes ☐ No
If yes, what level?	
Have you completed any other fire investigation training?	☐ Yes ☐ No
If yes, specify training:	
Appointee:	
Signature: Date:	
Authorization: Fire Chief, Municipal Administrator or Local Service	ce Advisor:
Name: Title:	request that the person listed above be appointed as a
Local Asssistant/Fire Investigator	under the Fire Prevention Act, section 2(2).
Signature: Date:	
Will be attending the session in (please specify location):	