

PEMBERTON TOWNSHIP VOLUNTEER FIRE DEPARTMENT  
APPLICATION FOR MEMBERSHIP

Firefighter       Fire Police       Administrative Support

Check one:

Browns Mills Fire Company     Country Lakes Fire Company

Magnolia Road Fire Company    Presidential Lakes Fire & Rescue

Applicant's Name: \_\_\_\_\_

Print name as it appears on driver's license

Applicant's residence last five years. List present address first. Use additional sheets if necessary.

Street and Number	City	State	Country	From	To
				Month Year	Month Year
					Present

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? [ ] Yes [ ] No Endorsements? [ ] Yes [ ] No If yes, please

list your endorsements: \_\_\_\_\_

High School Diploma/GED? [ ] Yes [ ] No Name of high school or GED program: \_\_\_\_\_

Please complete the education history supplement sheet and attach it to your application.

Present Employer: \_\_\_\_\_

Please complete the employment history supplement sheet and attach it to your application.

Describe Your Occupation: \_\_\_\_\_

Are you presently a member at another fire company or emergency medical services organization? [ ] Yes [ ] No

Please complete the Fire/EMS history supplement sheet and attach it to your application.

Criminal convictions or disorderly conduct violations: [ ] Yes [ ] No State: \_\_\_\_\_ If yes, on a separate sheet of paper please describe each conviction or violation (including municipal ordinance violations). Also, be advised that as a part of the application process you will be required to authorize us to obtain a copy of your criminal record history report.

Have you ever been denied membership in any volunteer fire company or emergency medical service organization?  
[ ] Yes [ ] No If yes, on a separate sheet of paper please explain each instance.

Special Skills and Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified to be a volunteer firefighter.

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Comments and Additional Information: Is there any additional information about you we should consider?

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I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is incomplete, untrue or inaccurate. If approved for membership, I also understand that my membership may be terminated at any time if the Township of Pemberton later discovers that information I provided on this application was incomplete, untrue, or inaccurate. *For your application to be considered complete, you must sign and date below.*

**Applicant's Signature** \_\_\_\_\_

[Print name below signature line]

**Date:** \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

**Employment History Supplement:** This section must be completed even if you attach a resume. List all employment for the past five years. Begin with the most recent employer. Include any military service. Explain any gaps in employment on a separate sheet of paper.

<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Job Title:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:    Yes    No</b>			

<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Job Title:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:    Yes    No</b>			

<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Job Title:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:    Yes    No</b>			

<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Job Title:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:    Yes    No</b>			

**Education History Supplement:** Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as "Business," "Trade," "Associate's Degree," "Bachelor's Degree," etc.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
<b>High School:</b>	1 2 3 4	Yes No	
<b>College:</b>	1 2 3 4	Yes No	
<b>Other:</b>	1 2 3 4	Yes No	

Or GED Program:

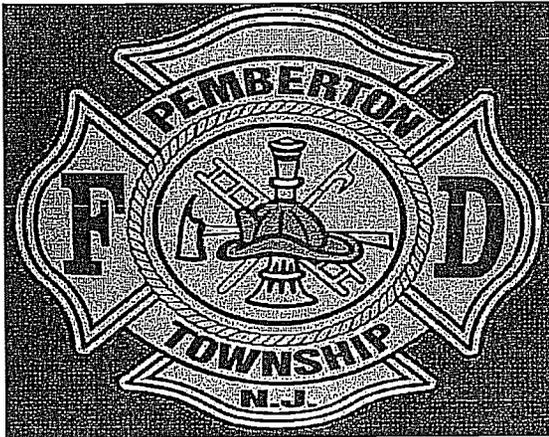
**Fire/EMS History Supplement:** This section must be completed even if you attach a resume. List all Fire and EMS organizations that you have ever been a member of. Begin with the most recent organization. Include ALL organizations.

<b>Organization:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Position:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			

<b>Organization:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Position:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			

<b>Organization:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Position:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			

<b>Organization:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Comments, if any:</b>		
<b>Position:</b>			
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			



**PEMBERTON TOWNSHIP  
VOLUNTEER FIRE DEPARTMENT**

**PRE-MEMBERSHIP INQUIRY  
AUTHORIZATION RELEASE  
AND  
GENERAL RELEASE OF LIABILITY**

In connection with my application for membership in the Pemberton Township Volunteer Fire Department, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my previous volunteer and work related job performance, experience and abilities, along with reasons for termination or resignation from past volunteer positions and employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, previous employment, educational background, and other previous volunteer and employment related experiences.

**I hereby authorize any individual, company, organization, or institution to furnish the Township of Pemberton with any and all of the foregoing mentioned information it may have concerning me which is on record or otherwise, and I do hereby release said individual, company, organization or institution and all individuals connected therewith, including Pemberton Township and its employees, officers and agents, from any and all liability whatsoever that might otherwise be incurred in furnishing and using such information.**

I understand that you will use this information only for the purpose of considering my application for membership in the Pemberton Township Volunteer Fire Department and you will not furnish this information to a third party, except the volunteer fire company to which I am also applying, without my written consent.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name:		First Name:		Middle Name:	
Driver's License Number & State:					
Social Security Number:					
Telephone Number:					
Former names and time frames (if applicable):					
Current Address:		City/State:		Zip Code & County:	
				Dates (Month and Year):	
Have you every been arrested?		If yes, where?		List Offense(s)	
Yes ___ No ___					
Have you ever had your photo taken by the Pemberton Township Police Department?				Yes ___ No ___	

By signing this document I certify that I have read this document and agree to its terms, including the General Release of Liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

[Print name below signature line]

Please do not write below this line – For office use only

No record \_\_\_\_\_ Record \_\_\_\_\_

Date: \_\_\_\_\_

Police Records Clerk,  
Pemberton Township Police Department

**Pemberton Township Volunteer Fire Department  
Information Sheet**

Name: \_\_\_\_\_ Dob: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
In Case of Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Email Address: \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergic to any Medications : \_\_\_\_\_  
Doctors Name: \_\_\_\_\_ Organ Donor: \_\_\_\_\_

Please provide any past medical history that you feel comfortable revealing in the case of an emergency:

Notes:

I \_\_\_\_\_ do not wish to reveal my past medical history or medical conditions. I am aware that by **not** providing the required information that I cannot hold any emergency personnel responsible for care given to me in an emergency situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Date

Pemberton Township Volunteer Fire Department  
**OFFICE OF THE FIRE CHIEF**

*Craig L. Augustoni, Fire Chief*  
*Thomas R. Maahs, Assistant Fire Chief*  
*Andre McClain, Deputy Fire Chief*

**TRANSFER REQUEST FORM**

Person Requesting Transfer: \_\_\_\_\_ (PRINT NAME)

Current Station: \_\_\_\_\_

Station Request Transfer To: \_\_\_\_\_

Date Request of Transfer: \_\_\_\_\_

Signature and Date of Firefighter/Fire Police Requesting Transfer: \_\_\_\_\_

TRANSFER APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

TRANSFER DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

Chief of Departments signature: \_\_\_\_\_

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**FOR ADMINISTRATIVE USE ONLY**

Received for filing : \_\_\_\_\_ (Personnel File, Membership Binder)

Copy sent to Stations: \_\_\_\_\_ (President, Secretary, Battalion Chief)

E-Mail: \_\_\_\_\_ Regular Mail: \_\_\_\_\_ Faxed: \_\_\_\_\_

500 Pemberton-Browns Mills Road  
Pemberton, NJ 08068  
(Ph) 609.894.3382 • (Fax) 609.894.2703 • (Email) firechief@pemberton-twp.com

**TOWNSHIP OF PEMBERTON**

**500 PEMBERTON-BROWNS MILLS ROAD**

**PEMBERTON, NJ 08068-1539**

**(609) 894-3382 - FAX (609) 894-2703**

**MAYOR**  
**David A. Patriarca**



**William Doherty, Fire Director**  
**Craig L. Augustoni, Fire Chief**  
**Thomas R. Maahs, Assistant Fire Chief**  
**Andre McClain, Deputy Fire Chief**

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**PEMBERTON TOWNSHIP**  
**VOLUNTEER FIRE COMPANY**

**MEMBER RESIGNATION/REMOVAL**

*Please remove the following member from your roster:*

Name of Member: \_\_\_\_\_

Station: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

PEMBERTON TOWNSHIP VOLUNTEER FIRE DEPARTMENT  
Evaluation Report

I met with \_\_\_\_\_ on \_\_\_\_\_ and the following training was held:

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Comments:

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Respectfully Submitted,

Copy to: Member's Personnel File



# Pemberton Township Volunteer Fire Department

Station Name- Station Number

## TRAINING REQUEST FORM

Name:  Date Submitted:   
Address:   
Phone #:  Cell #:  E-mail:   
Date of Birth  S.S.#:

Location of Course: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Course Prerequisites: \_\_\_\_\_ Do you meet the Prerequisites: \_\_\_\_\_

P.P.E. Needed: YES or NO

S.C.B.A. Needed: YES or NO

Tuition Amount: \$ \_\_\_\_\_

**\*All training requests must be submitted to the Training Officer no later than 30 days prior to the class.**

### ACTION TAKEN

Date received by Company Training Officer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: YES or NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Training Officer Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

Date received by Department Training Officer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved: YES or NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department Training Officer Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_

Date sent to Training Facility: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

- **Please submit only one course per form.**

# Pemberton Township Volunteer Fire Department

## Reimbursement Agreement

This agreement shall pertain to any member of the Pemberton Township Volunteer Fire Department that attends any class, course or seminar.

The Pemberton Township Volunteer Fire Department agrees to provide its members with fire service related training. However, any member who attends approved fire service related training must adhere to the following requirements:

- 1- The member must complete the Training Request Form and forward it to the Company Training Officer at least 30 days prior to the start date of the class, course or seminar. Certain instances where the Training Request Form is not completed prior to the 30 day cut off may be approved by the Company Training Officer.
- 2- Once the member receives confirmation that he/she has been accepted in the class, course or seminar it will be the member's responsibility to:
  - a. Ensure transportation to the class, course or seminar.
  - b. Adhere to the dress code set forth by the host of the class, course or seminar.
  - c. Attend the first day of the class, course or seminar.
  - d. Make all arrangements and have all the required equipment needed for the class, course or seminar.
  - e. Be prepared for the class, course or seminar in all aspects.
- 3- The member will be responsible to attend all the dates of the training class, course or seminar. The member may be excused from an absence in special circumstances by the Head Instructor and/or the Department Fire Chief.
- 4- The member must complete the class, course or seminar with a passing grade.
- 5- Once the class, course or seminar is complete the member must submit the certificate of completion to the Company Training Officer.

The Pemberton Township Volunteer Fire Department agrees to pay for all approved service related classes, courses or seminars provided that the member must adhere to all of the above requirements. If a member does not comply with the above requirements, the member will be responsible to reimburse the Pemberton Township Volunteer Fire Department for the cost of the course and any related expenses. Members shall not pay for any course out of their own personal funds. The Township's purchase system requires pre-approval and that purchases are encumbered electronically before funds will be disbursed.

_____		_____	
Course being Attended		Date(s) of Course	
_____		_____	
Location of Course		Cost of Course	
_____		_____	
Member's Name	Member's Signature	Date	
_____	_____	_____	
Co. Training Officer Name	Co. Training Officer Signature	Date	
_____	_____	_____	



**Pemberton Township Volunteer Fire Department  
500 Pemberton-Browns Mills Road  
Pemberton, New Jersey 08068**

**Equipment/Inventory Sign Out Form**

I \_\_\_\_\_ have received the following items. I further understand that it is my personal responsibility to ensure that the items received are maintained in an appropriate manner to ensure my safety and the best interest of the Pemberton Township Volunteer Fire Department. I will place no non-approved stickers, patches or other items on the items I am receiving without the written permission of my superior officer.

I furthermore will return the items to my superior officer upon my leaving or dismissal from the Pemberton Township Volunteer Fire Department. And if I fail to do so I understand my financial responsibility for the replacement cost of these items.

<u>Serial Number</u>	<u>Station Inventory Id</u>	<u>Description</u>

Member  
Printed Name: \_\_\_\_\_

Member  
Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Commanding Officer  
Printed Name: \_\_\_\_\_

Commanding Officer  
Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

This form shall be forwarded to the Pemberton Township Volunteer Fire Department Equipment/Inventory Officer. A copy shall also be maintained by the Battalion Chief of the Company that the member is assigned to.



# *Pemberton Township Volunteer Fire Department*

To: Maryann Young, RMC  
Township Clerk  
Township of Pemberton  
500 Pemberton-Browns Mills Rd.  
Pemberton, New Jersey 08068-1539

## **NOTIFICATION OF STRUCTURE FIRE**

Person Making Report:

Department Incident Number:

Date of Incident:

Time of Incident:

Location of the Incident:

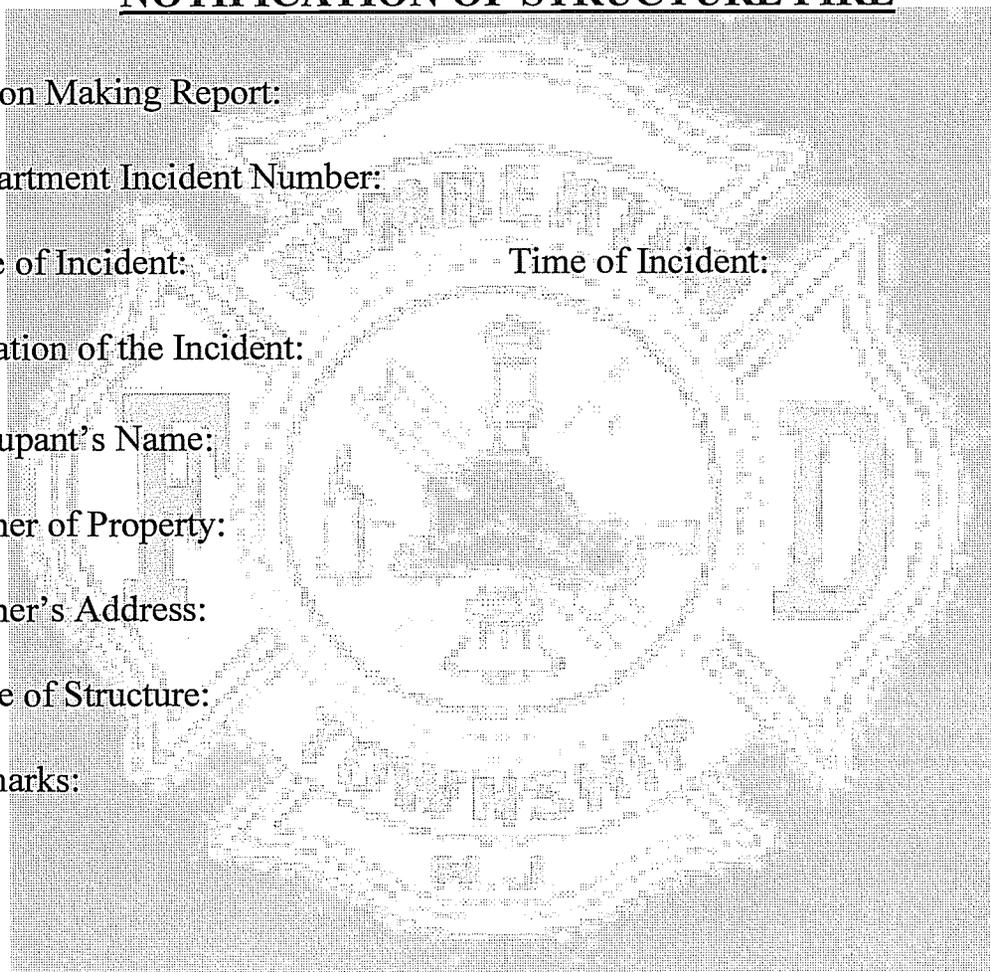
Occupant's Name:

Owner of Property:

Owner's Address:

Type of Structure:

Remarks:



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Signature and Date

## Pemberton Township Vol. Fire Department Weekly Vehicle/Apparatus Check Sheet

Engine # \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Mileage: \_\_\_\_\_

Engine Hours: \_\_\_\_\_

Inspected By: \_\_\_\_\_

<u>Fluids</u>	<u>Reading/Level</u>
Fuel	
Oil	
Transmission Fluid	
Brake Fluid	
Washer Fluid	
Engine Coolant	
Primer Oil	
Water Tank	

<u>General Operations</u>	<u>Comments</u>
Start - Up	
Wipers	
Head Lights	
Turn Signals	
Back-up Lights	
Brake Lights	
Marker Lights	
Interior Lights	
Compartment Lights	
Interior Gauges	

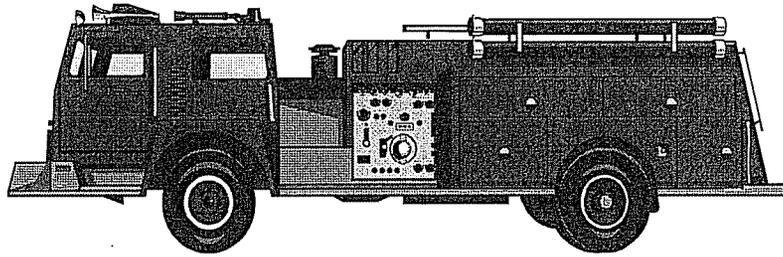
<u>Pump Operations</u>	<u>Comments</u>
Engine PTO/Indicator Light	
OK to Operate Lights	
Throttle Control	
Pressure Relief Valve	
Pump Panel Lights	
Pump Panel Gauges	
Discharge Valves	
Intake Vales	
Drain Valves	

<u>Warning Devices</u>	<u>Comments</u>
Light Bar	
Strobes / LED's	
Electronic Siren	
Q Siren	
Mobile Radio's	
Portable Radio's	
Back-up Alarm	
Compartment Open Warning	

<u>Misc. Items (levels &amp; controls)</u>	<u>Comments</u>
Generator	
Chain Saw	
K-12 Saw	
Spare Fuel Cans	
Fire Extinguishers	
Hand Lights	
Compartments Orderly	
<u>Truck Clean (interior &amp; exterior)</u>	
Map Books	
PPV Fan	
Pony Line	
Porta-Pond	

Notes/Comments on reverse side





PEMBERTON TOWNSHIP FIRE DEPARTMENT  
VEHICLE MAINTENANCE REQUEST FORM

Station: \_\_\_\_\_

DATE:

TIME:

VEHICLE #

CONTACT #:

TYPE OF PROBLEM:

DATE COMPLETED: \_\_\_\_\_ TIME: \_\_\_\_\_

MECHANIC: \_\_\_\_\_

FLEET MAINTENANCE SUPERVISOR: \_\_\_\_\_

PEMBERTON TOWNSHIP FIRE DEPARTMENT EQUIPMENT  
OUT OF SERVICE TAG

Printed name and signature of reporting personnel

\_\_\_\_\_

Type of Equipment \_\_\_\_\_

Reason for removal from service (Be Specific)

\_\_\_\_\_

\_\_\_\_\_

Date and time of Removal from Service \_\_\_\_\_

Officer notified? YES NO WHO \_\_\_\_\_

PEMBERTON TOWNSHIP FIRE DEPARTMENT EQUIPMENT  
OUT OF SERVICE TAG

Printed name and signature of reporting personnel

\_\_\_\_\_

Type of Equipment \_\_\_\_\_

Reason for removal from service (Be Specific)

\_\_\_\_\_

\_\_\_\_\_

Date and time of Removal from Service \_\_\_\_\_

Officer notified? YES NO WHO \_\_\_\_\_

PEMBERTON TOWNSHIP FIRE DEPARTMENT EQUIPMENT  
OUT OF SERVICE TAG

Printed name and signature of reporting personnel

\_\_\_\_\_

Type of Equipment \_\_\_\_\_

Reason for removal from service (Be Specific)

\_\_\_\_\_

\_\_\_\_\_

Date and time of Removal from Service \_\_\_\_\_

Officer notified? YES NO WHO \_\_\_\_\_







**P.T.F.D.**

**S.C.B.A. Cylinder  
Low Air in Cylinder Report**

**Cylinder #:** \_\_\_\_\_

**Serial #:** \_\_\_\_\_

**Date Discovered:** \_\_\_\_\_

**Time Discovered:** \_\_\_\_\_

**Discovered By:** \_\_\_\_\_

**Reported To:** \_\_\_\_\_

**Filled By:** \_\_\_\_\_

**Cylinder O.O.S. : YES or NO**

**Back In-Service Date:** \_\_\_\_\_

**HEPATITIS B VACCINE DECLINATION**

**THIS FORM IS TO BE SIGNED BY AN EMPLOYEE WHO DECLINES TO ACCEPT  
THE HEPATITIS B VACCINE**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Reason for Declining:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**CARBON MONOXIDE INVESTIGATION  
CHECKLIST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

CO METER READING ON ENTRY _____ PPM	ACCEPTABLE?	YES	NO
8 PPM or less - Acceptable		35 PPM and above - SCBA	

**CARBON MONOXIDE EFFECTS**

Are any members of the household feeling ill?      YES    NO

Headache	YES	NO
Fatigue	YES	NO
Nausea	YES	NO
Dizziness	YES	NO
Confusion	YES	NO

Dispatch EMS?    YES    NO

Do you feel better when away from the house?      YES    NO

**OCCUPANT'S ACTIONS**

Since the detector's alarm went off, what have you done? -

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Shut-off carbon monoxide sources?      YES    NO

If yes, which ones?

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Let in fresh air?      YES    NO

If yes, how and for how long?

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**CO SAMPLING SURVEY**

	<u>CHECKLIST</u>	<u>LOCATION</u>	<u>PPM</u>
Kitchen Stove:	.....	_____	_____
Cook Top Vent:	.....	_____	_____
Barbecue Grill:	In enclosed area	_____	_____
Furnace:	Gas/Oil; flue/chimney pipe	_____	_____
Water Heater:	Chimney pipe	_____	_____
Gas Dryer:	.....	_____	_____
Chimney:	Clogged flue, blocked opening	_____	_____
Fireplace:	Gas or Wood	_____	_____
Operating Fireplace:	Possible downdraft	_____	_____
Car Garage:	Car started or running recently	_____	_____
Portable Heater:	Emissions	_____	_____
Other:	_____	_____	_____

**Carbon Monoxide Detector:**

**MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **SERIAL#:** \_\_\_\_\_

Location of CO Detector(s): \_\_\_\_\_

Sensor Module Checked?    YES    NO                      Module Saturated?    YES    NO

GAS COMPANY NOTIFIED?                      YES    NO	Time: _____
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Description: \_\_\_\_\_

\_\_\_\_\_

Firefighter Completing Sampling: \_\_\_\_\_ Date: \_\_\_\_\_

Officer in Charge : \_\_\_\_\_ Date: \_\_\_\_\_