

Addison County Firefighters Association
FIRE INVESTIGATION UNIT
Application Form
(Please Print)

Applicant Name: _____

Mailing Address: _____

Fire Department: _____

Present Rank: _____

Minimum of 5 years' service required. Years of Active Firefighting Service: _____

Phone _____

Email _____

Will you be available for:		Please indicate by letter
Day Investigations: _____		(M) Most of the time
Night Investigations: _____		(S) Some of the time
Weekend Investigations: _____		(N) None of the time

List your qualifications and experience for a Fire Investigator:

Explain why you want to be on the ACFA Fire Investigation Unit:

Provide Fire Chief's email address _____

Chief's Phone# _____

Applicant Signature: _____

Return to Bob Patterson by April 1, 2025 at robertpatterson1952@gmail.com
or mail to: 1561 Lincoln Gap Road – Lincoln, VT 05443