



# ONTARIO ASSOCIATION OF FIRE CHIEFS

*Leading innovation and excellence in public and life safety*

## ONTARIO ASSOCIATION OF FIRE CHIEFS Signing Authority Qualification Declaration Form

I, \_\_\_\_\_, declare that I have NFPA 1041 Fire Instructor 1 (or equivalent), a Valid Ontario DZ license (or higher) for a minimum of 3 consecutive years (to current), no demerit points, no criminal convictions, and the fire department I am employed with will be delivering the OAFCDCP program or is a member of an existing DCP program or intends on becoming one.

1. I agree to comply with all policies and rules of the Signing Authority Role and understand that failure to do so may result in my immediate termination as a Signing Authority. These can be found in section 2.5 of the MTO DCP Information Package.
2. I agree that upon completing the Signing Authority course, I will provide copies and or proof of the following to the OAFCD if accepted into the OAFCD DCP Program. These will be provided at the Signing Authority's expense (or fire department's) and will be sent to info@oafc.on.ca.

NFPA 1041 Fire Instructor 1 Certificate (or equivalent)

Copy of Valid Ontario DZ license (or higher)

Criminal Record Search (required once accepted into a DCP Program)

_____	)	_____
SA Name	)	Fire Chief Name
_____	)	_____
SA Signature	)	Fire Chief Signature
_____	)	_____
Date:	)	Date:

**Please send the signed Declaration Form to info@oafc.on.ca.**