



**Fireman's Insurance and Inspection Fund (1%)
Local Board of Trustees
South Carolina State Firefighters' Association**

**FORM 205 Local Board of Trustees
As Of Date: _____**

Fire Department Information (Please print or type)		
Fire Dept Name:	Fire Dept ID #:	County:
Type of Department	If you selected "Other" please describe:	
Municipality County		
SPD Other		

The following individuals are serving as the Local Board of Trustees for the above fire department for this calendar year:			
Name - Print	Title	Email Address	Signature

I, _____ (Print name of Fire Chief), certify the above named individuals are serving as members of the Local Board of Trustees of my fire department as of the date listed above and until changed by submission of a new Form 205.

_____ _____
Date Signature of Fire Chief

* Form 205 must be uploaded within the SCSFA MMS Database
"Manage Forms" tab under the "205 Forms" Section