



**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)**

<b>Fire Dept Name:</b>		<b>Fire Dept ID #:</b>	<b>County:</b>
<b>Type of Department</b>  Municipality                      County  SPD                                      Other		<b>If you selected "Other" please describe:</b>	

**The following individuals are serving as the Local Board of Trustees for the above fire department for this calendar year:**

<b>Name - Print</b>	<b>Title</b>	<b>Email Address</b>	<b>Signature</b>

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

**Please deliver this form to SC Firefighters' Association via either of the options below:**

- Fax                      (803) 454-6596
- Email to              onepercent@scfirefighters.org