## **CHAPTER CHANGE OF COMMAND FORM**

Version Date: SEPT 2017



If you have any questions, contact:

## STARFLEET OPERATIONS

E-mail: ops@sfi.org

Please fill out this form when changing the Chapter Commanding Officer, Executive Officer, or both. Distribute to the people referenced below.

CHAPTER INFORMATION					
CHAPTER NAME:					
REGISTRY NUMBER:		RF	EGION:		
REGISTRY NOPIDER:		IXL			
COMMANDING OFFICER	INFORMATION				
NEW CO NAME:				MANNER OF CHANGE	
MAILING ADDRESS:			DATE OF BIRTH:		
CITY:	STATE/PROVINCE:		POSTAL CODE:	ELECTIONAPPOINTMENT	
COUNTRY:	TELEPHONE:			OTHER	
E-MAIL:					
SCC NUMBER:	CURRENT RANK:				
FORMER CO NAME:	_		SCC NUMBER:		
INCLUDE COPY OF OTS AND OCC CERTIFICATES FOR NEW CO					
EXECUTIVE OFFICER INF	ORMATION				
NEW XO NAME:				MANNER OF CHANGE	
MAILING ADDRESS:			DATE OF BIRTH:		
CITY:	STATE/PROVINCE:		POSTAL CODE:	ELECTIONAPPOINTMENT	
COUNTRY:	TELEPHONE:			OTHER	
E-MAIL:					
SCC NUMBER:	CURRENT RANK:				
FORMER XO NAME:			SCC NUMBER:		
INCLUDE COPY OF OTS AND OCC CERTIFICATES FOR NEW XO					
VERIFICATION SIGNATU	RES				
INCOMING COMMANDING OFFICE	 CER:				
SIGNATURE:			DA	TE:	
OUTGOING COMMANDING OFFI	CER:				
SIGNATURE:			DATE:		
INCOMING EXECUTIVE OFFICER	C.				
SIGNATURE:			DA	TE:	
OUTGOING EXECUTIVE OFFICER	₹:				
SIGNATURE:			DA	TE:	
Email his form to the follo	wing Personnel/Departments:		Regional Coordinator STARFLEET Chief of Operations	APPROVE DENY APPROVE DENY	