



**THE DEPARTMENT OF FINANCIAL SERVICES**

*Division of the State Fire Marshal*

*Process may now be done on-line at  
www.floridastatefirecollege*

**FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM  
QUARTERLY REPORT  
BUREAU OF FIRE STANDARDS & TRAINING**

QUARTER:  1<sup>ST</sup> (JAN-MAR)  2<sup>ND</sup> (APR-JUN)  3<sup>RD</sup> (JUL-SEP)  4<sup>TH</sup> (OCT-DEC) YEAR \_\_\_\_\_

NAME OF FIRE DEPARTMENT/EMPLOYING AGENCY \_\_\_\_\_

FIRE CHIEF/AUTHORIZED AGENT \_\_\_\_\_

DEPARTMENT TELEPHONE # \_\_\_\_\_

DEPARTMENT MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**NOTE:** This form must be submitted within 10 business days of last day of quarter.  
The following information must be in alphabetical order and typed or printed legibly.

	FIREFIGHTER'S NAME	SOCIAL SECURITY NUMBER <sup>1</sup>	AMOUNT PAID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

TOTAL AMOUNT PAID THIS QUARTER: \_\_\_\_\_ This is page \_\_\_\_\_ of \_\_\_\_\_ pages

I hereby certify that the above listed individuals have received the amounts indicated.

\_\_\_\_\_  
SIGNATURE OF CHIEF OR AUTHORIZED AGENT

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

Submit this form to the:  
**Bureau of Fire Standards & Training, 11655 NW Gainesville Road, Ocala, Florida 34482-1486**

<sup>1</sup> Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.