BUREAU OF FIRE STANDARDS AND TRAINING
DIVISION OF STATE FIRE MARSHAL
ROSTER OF **VOLUNTEER** FIREFIGHTERS

Please Print Clearly

Date of Roster _____

Fire Department Name: _____ **County** _____

Fire Department Address: _____

Fire Chief or Authorized Agent: _____ **Tele. #:** _____**Fax#:** _____

24 Hour or Dispatch Phone Number:_____
Fire Department Incident Reporting #: _____ **ISO Rating:** _____

Fire Department Email Address: _____**Federal Employer I. D. #:** _____

NAME	Social Security #	Start Date	Cert. Type	Certificate #

Fire Department Name: _____ **Volunteer Roster as of** _____
Date

NAME	**Social Security #**	**Start Date**	**Cert. Type**	**Certificate #**

_____

Signature of Fire Chief or Authorized Agent **Date of Signature**

NOTE: THIS FORM IS TO BE COMPLETED AND MAILED WITHIN 30 DAYS OF RECEIPT TO THE: BUREAU OF FIRE STANDARDS, 11655 NW GAINESVILLE ROAD OCALA FL 34482-1486

FOR ADDITIONAL INFORMATION: http://www.fldfs.com/SFM

DFS Form #DFS-K4-1581 Rev. 05/04