



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**FIREFIIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
 APPLICATION FOR INITIAL ENTRY
 BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print requested information legibly.

NAME OF FIREFIGHTER: LAST		FIRST	M.I.	MAIDEN NAME (If applicable)
HOME ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER ¹			TELEPHONE #	
NAME OF FIRE DEPARTMENT				
FIRE CHIEF/AUTHORIZED AGENT			DEPARTMENT TELEPHONE #	
DEPARTMENT MAILING ADDRESS		CITY	STATE	ZIP CODE

THIS FORM MUST INCLUDE THE FOLLOWING:

1. Applicant's official job description for current position held.
2. An official transcript indicating the type of Degree held by the applicant.
3. Letter from the Fire Chief or Chief Administrative Officer on department letterhead, certifying that the Associate Degree or the Bachelor Degree conferred upon this applicant and the course work identified on the official college transcript relates to fire department duties included in the firefighters official position description. Please refer to Administrative Code Rule 4A-37.084.

NAME OF INSTITUTION DEGREE WAS EARNED	TITLE OF DEGREE
SIGNATURE OF APPLICANT	POSITION HELD
SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT	DATE

THIS FORM IS TO BE SUBMITTED TO THE:
Bureau of Fire Standards & Training
 11655 NW Gainesville Road, Ocala, Florida 34482-1486

<u>Bureau Use Only</u>						Effective Date: _____
01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>	
07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	
Recorded by: _____			Date: _____			

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