



**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
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <sup>1</sup>			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 69A-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

<b><u>Bureau Use Only</u></b>			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: \_\_\_\_\_

<sup>1</sup> **USE OF SOCIAL SECURITY NUMBERS:** Applicant's last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant's last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.