



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**NOTICE OF TERMINATION OF EMPLOYMENT
AS A FIREFIGHTER
BUREAU OF FIRE STANDARDS & TRAINING**

FIREFIGHTER'S NAME: _____ SS#: 000-00-0000 ¹

MAILING ADDRESS: _____ 00000
PO BOX OR STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE #: (000) 000-0000 DATE OF BIRTH: _____

FIRE DEPARTMENT: _____

FIRE CHIEF: _____ TELEPHONE #: (000) 000-0000

DATE OF EMPLOYMENT: _____ DATE OF TERMINATION: _____

REASON FOR TERMINATION:

- RESIGNED RETIRED INVOLUNTARY
 DISABILITY DECEASED

COMMENTS (REQUIRED FOR INVOLUNTARY TERMINATION):

DID THIS INDIVIDUAL PARTICIPATE IN THE
FIREFIGHTER SUPPLEMENTAL COMPENSATION PROGRAM?

- YES NO

IF YES, PLEASE SUBMIT THE REQUIRED
NOTICE OF INELIGIBILITY FORM DFS-K4-1055

SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT

DATE

NOTE: THIS FORM IS TO BE COMPLETED AND MAILED WITHIN TEN (10) BUSINESS
DAYS AFTER DATE OF TERMINATION TO:
BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

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