THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
NOTICE OF INELIGIBILITY
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 TELEPHONE 

NAME OF FIRE DEPARTMENT

FIRE CHIEF/AUTHORIZED AGENT

DEPARTMENT MAILING ADDRESS CITY STATE ZIP CODE

Reason for Change in Eligibility Status:

☐ Transferred or Reclassified (no longer serving as a full-time firefighter)
☐ Leave of Absence (without pay)
☐ Employment Terminated
☐ Suspended (without pay)

Date of Ineligibility:

(First Day of Ineligibility, Not Last Working Day)

PLEASE BE SURE TO SUBMIT THE REQUIRED FIRE DEPARTMENT NOTICE OF FIREFIGHTER HIRE/TERMINATION OR SUPPLEMENTAL COMPENSATION INELIGIBILITY FORM DFS-K4-1033

______________________________________________
SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT DATE

NOTE: THIS FORM IS TO BE SUBMITTED BY THE EMPLOYING AGENCY WITHIN TEN (10) BUSINESS DAYS OF INELIGIBILITY TO THE:

BUREAU OF FIRE STANDARDS & TRAINING
11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

Bureau Use Only

Effective Date:

01 02 03 04 05 06

07 08 09 10 11 12

Recorded by: ________________________________ Date: __________________________

1 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.