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

NAME OF FIREFIGHTER:	LAST	FIRST	M.I.	_	MAIDE	EN NAME (If applicable)
HOME ADDRESS		CITY		STAT	E	ZIP CODE
AST 4 DIGITS OF SOCIAL SECURITY NUMBER ¹				TELEPHONE #		
NAME OF FIRE DEPARTME	ENT					
FIRE CHIEF/AUTHORIZED AGENT				DEPARTMENT TELEPHONE #		
DEPARTMENT MAILING AE	DDRESS	CITY		STAT	E	ZIP CODE
	TH	IS FORM MUST I	NCLUDE THE FOL	LOWIN	G:	
1. Applicant's official	job descripti	ion for current pos	sition held.			
2. An official transcrip	nt indicating	(l ((D				
	e Chief or Cl	hief Administrative	e held by the applice Officer on departm	nent lette		
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DFS-K4-1057 REV 04/12

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.