## FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM QUARTERLY REPORT BUREAU OF FIRE STANDARDS & TRAINING

	QUARTER:	☐ 1 <sup>ST</sup> (JAN-MAR)	2 <sup>ND</sup> (APR-JUN)	☐ 3 <sup>RD</sup> (JUL-SEP)	☐ 4 <sup>TH</sup> (OCT-DEC)	YEAR			
NAME OF FIRE DEPARTMENT/EMPLOYING AGENCY									
FIRE CHIEF/AUTHORIZED AGENT DEPARTMENT TELEPHONE #									
DEPARTMENT MAILING ADDRESS CITY					STATE		ZIP CODE		
NOTE: This form must be submitted within 10 business days of last day of quarter.  The following information must be in alphabetical order and typed or printed legibly.									
FIREFIGHTER'S NAME				<u>LAST 4 DIGITS</u> OF SOCIAL SECURITY NUMBER <sup>1</sup>			AMOUNT PAID		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
TOTAL AMOUNT PAID THIS QUARTER: This is page of pages									
I hereby certify that the above listed individuals have received the amounts indicated.									
SIGNATURE OF CHIEF OR AUTHORIZED AGENT				POSIT	POSITION			DATE	
Submit this form to the:									

Bureau of Fire Standards & Training, 11655 NW Gainesville Road, Ocala, Florida 34482-1486

DFS-K4-1065 REV 04/12 Rule 69A-37.090, F.A.C.

<sup>&</sup>lt;sup>1</sup> USE OF SOCIAL SECURITY NUMBERS: Applicant's <u>last four digits of the social security numbers</u> 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.