## FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM REQUEST FOR UPGRADE FROM ASSOCIATE LEVEL TO BACHELOR LEVEL BUREAU OF FIRE STANDARDS & TRAINING

NAME OF FIREFIGHTER: LAST	FIRST	M.I.	MA	IDEN 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 OR CHIEF ADMINISTRATIVE OFFICER		DEPARTMENT TELEPHONE #		
DEPARTMENT MAILING ADDRESS	CITY		STATE	ZIP CODE
Т	HIS FORM MUST I	NCLUDE THE FO	LLOWING:	
1. Applicant's official job descri	ption for current pos	sition held.		
2. An official transcript indicatir	a the time of Dears			
·				certifying that the
	Chief Administrative upon this applicant a ties included in the f	e Officer on depar	tment letterhead, ork identified on th	ne official college transcript
Letter from the Fire Chief or Bachelor Degree conferred or relates to fire department du	Chief Administrative upon this applicant a ties included in the factor of the factor o	e Officer on depar and the course wo firefighters official	tment letterhead, ork identified on the position descripti	ne official college transcript
3. Letter from the Fire Chief or Bachelor Degree conferred urelates to fire department du Administrative Code Rule 69  NAME OF INSTITUTION	Chief Administrative upon this applicant a ties included in the factor of the factor o	e Officer on depar and the course wo firefighters official	tment letterhead, irk identified on th position descripti	ne official college transcript ion. Please refer to
3. Letter from the Fire Chief or Bachelor Degree conferred urelates to fire department du Administrative Code Rule 69  NAME OF INSTITUTION	Chief Administrative upon this applicant a ties included in the formal part of the formal	e Officer on depar and the course wo firefighters official	tment letterhead, irk identified on th position descripti	ne official college transcript ion. Please refer to
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3. Letter from the Fire Chief or Bachelor Degree conferred or relates to fire department du Administrative Code Rule 69  NAME OF INSTITUTION  SIGNATURE OF SIGNATURE OF FIRE CHIEF OR OF	Chief Administrative upon this applicant a ties included in the foa-37.084.  DEGREE WAS EARNE  DE APPLICANT  CHIEF ADMINISTRATIVE  THIS FORM IS Bureau of Fire 5 NW Gainesville R	e Officer on depar and the course wo firefighters official D  E OFFICER  TO BE SUBMITT e Standards & Tra	tment letterhead, irk identified on the position description descr	ne official college transcription. Please refer to  TLE OF DEGREE  POSITION HELD  DATE
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DFS-K4-1442 REV 04/12

<sup>&</sup>lt;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.