THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
APPLICATION FOR RE-ENTRY
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[1] TELEPHONE #

NAME OF FIRE DEPARTMENT

FIRE CHIEF/AUTHORIZED AGENT DEPARTMENT TELEPHONE #

DEPARTMENT MAILING ADDRESS CITY STATE ZIP CODE

Date of change in eligibility status: _____ **Position Held:** _____

NAME OF INSTITUTION DEGREE WAS EARNED TITLE OF DEGREE

Reason for Change in Eligibility Status:

☐ **Suspension Completed**
and returned to duty

☐ **Suspension Repealed**
back salary awarded with no loss of seniority

☐ **Returned from leave of absence**
without pay

☐ **Rehired**
by same agency

☐ **Employed**
with another employing agency

NOTE: IF **EMPOYED WITH ANOTHER AGENCY** OR **REHIRED BY SAME AGENCY**,
THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION

1. Applicant's official job description for current position held.
2. Letter from the Fire Chief or Chief Administrative Officer on department letterhead, certifying that the ☐ Associate Degree or the ☐ Bachelor Degree conferred upon this applicant and the course work identified on the official college transcript relates to fire department duties included in the firefighters official position description. Please refer to Administrative Code Rule 69A-37.084.

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 ELIGIBILITY 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.**