



**THE DEPARTMENT OF FINANCIAL SERVICES**

*Division of the State Fire Marshal*

**FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM  
APPLICATION FOR INITIAL 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<sup>1</sup> TELEPHONE #

NAME OF FIRE DEPARTMENT

FIRE CHIEF/AUTHORIZED AGENT DEPARTMENT TELEPHONE #

DEPARTMENT MAILING ADDRESS CITY STATE ZIP CODE

**THIS FORM MUST INCLUDE THE FOLLOWING:**

1. Applicant's official job description for current position held.
2. An official transcript indicating the type of Degree held by the applicant.
3. 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.

NAME OF INSTITUTION DEGREE WAS EARNED TITLE OF DEGREE

SIGNATURE OF APPLICANT POSITION HELD

SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT DATE

THIS FORM IS TO BE SUBMITTED TO THE:  
**Bureau of Fire Standards & Training**  
11655 NW Gainesville Road, Ocala, Florida 34482-1486

**Bureau Use Only**

Effective Date: \_\_\_\_\_

01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>

Recorded by: \_\_\_\_\_

Date: \_\_\_\_\_

<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.