



**THE DEPARTMENT OF FINANCIAL SERVICES**  
*Division of the State Fire Marshal*

**FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM  
 REQUEST FOR UPGRADE FROM ASSOCIATE LEVEL TO BACHELOR LEVEL  
 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 OR CHIEF ADMINISTRATIVE OFFICER				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 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 CHIEF ADMINISTRATIVE OFFICER			DATE		

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

<b><u>Bureau Use Only</u></b>						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.