



DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
 NOTICE OF INELIGIBILITY
 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	

Reason for Change in Eligibility Status:

- | | |
|---|---|
| <input type="checkbox"/> Transferred or Reclassified
(no longer serving as a full-time firefighter) | <input type="checkbox"/> Leave of Absence
(without pay) |
| <input type="checkbox"/> Employment Terminated | <input type="checkbox"/> Suspended
(without pay) |

Date of Ineligibility: _____
 (FIRST DAY OF INELIGIBILITY, NOT LAST WORKING DAY)

**PLEASE BE SURE TO SUBMIT THE REQUIRED FIRE DEPARTMENT NOTICE OF FIREFIGHTER HIRE/TERMINATION
 OR SUPPLEMENTAL COMPENSATION INELIGIBILITY, FORM DFS-K4-1033**

SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT _____	DATE _____
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**NOTE: THIS FORM IS TO BE SUBMITTED BY THE EMPLOYING AGENCY WITHIN
 TEN (10) BUSINESS DAYS OF INELIGIBILITY TO THE:
 BUREAU OF FIRE STANDARDS & TRAINING
 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486**

<u>Bureau Use Only</u>			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: _____

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 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.