



**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 <sup>1</sup>				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:**
- |   |  |
|---|--|
| <input type="checkbox"/> <b>Suspension Completed</b><br>and returned to duty  | <input type="checkbox"/> <b>Suspension Repealed</b><br>back salary awarded with no loss of seniority |
| <input type="checkbox"/> <b>Returned from leave of absence</b><br>without pay | <input type="checkbox"/> <b>Rehired</b><br>by same agency  |
| <input type="checkbox"/> <b>Employed</b><br>with another employing agency     |  |

**NOTE: IF EMPLOYED 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**

<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: \_\_\_\_\_

<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 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.