



DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

FIREFIIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
APPLICATION 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 ¹			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

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: _____		

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.