



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	
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 4A-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

<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 Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.