



THE DEPARTMENT OF FINANCIAL SERVICES

Division of the State Fire Marshal

*Action may be completed at
www.floridastatefirecollege.org*

**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	
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 NOTICE OF TERMINATION 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

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