



THE DEPARTMENT OF FINANCIAL SERVICES

Division of the State Fire Marshal

*Process may now be done on-line at
www.floridastatefirecollege*

**FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
QUARTERLY REPORT
BUREAU OF FIRE STANDARDS & TRAINING**

QUARTER: 1ST (JAN-MAR) 2ND (APR-JUN) 3RD (JUL-SEP) 4TH (OCT-DEC) YEAR _____

NAME OF FIRE DEPARTMENT/EMPLOYING AGENCY _____

FIRE CHIEF/AUTHORIZED AGENT _____ DEPARTMENT TELEPHONE # _____

DEPARTMENT MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NOTE: This form must be submitted within 10 business days of last day of quarter.
The following information must be in alphabetical order and typed or printed legibly.

FIREFIGHTER'S NAME		SOCIAL SECURITY NUMBER ¹	AMOUNT PAID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

TOTAL AMOUNT PAID THIS QUARTER: _____ This is page _____ of _____ pages

I hereby certify that the above listed individuals have received the amounts indicated.

SIGNATURE OF CHIEF OR AUTHORIZED AGENT POSITION DATE

Submit this form to the:
Bureau of Fire Standards & Training, 11655 NW Gainesville Road, Ocala, Florida 34482-1486

¹ Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.