



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING

2161 Unionville Deason Road
Bell Buckle, TENNESSEE 37020
931-294-4140

Must Be Sent Hard Copy to the Address Above

NOTARIZED STATEMENT OF FIRE CHIEF

Using the drop down select the
year training was conducted.

I hereby certify that I have carefully examined the 2015 In-Service
Report Form(s) submitted to the Tennessee Commission on Fire Fighting Personnel
Standards and Education for the 2015 State Educational Incentive by my
department.

Further, I attest to the accuracy and completeness of said form(s) by affixing
my signature to this document.

Department Name: _____

Fire Chief Signature
(DO NOT TYPE)

Subscribed and sworn to before me this _____ day of _____ 20_____.

(Notary Seal)

Notary Public

My Commission expires on the _____ day of _____ 20_____.



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**EDUCATIONAL INCENTIVE PAY REQUEST
TO THE
TENNESSEE COMMISSION ON FIRE FIGHTING**

TO BE SIGNED BY THE CHIEF ADMINISTRATIVE OFFICIAL OF CITY/COUNTY

Request for payment of fire personnel Educational Incentive Pay is hereby made. I have examined the attached reporting form and find it complete and correct to the best of my knowledge. This fire department is part of the unit of government of which I am the Chief Administrative Officer.

Request for payment is made with the understanding that payments disbursed by the State of Tennessee are subject to the deduction of applicable taxes by the local unit of government before disbursement to eligible full-time personnel.

Fire Department.

TOTAL NUMBER OF FIRE SERVICE PERSONNEL FOR WHICH EDUCATIONAL INCENTIVE PAY IS REQUIRED FOR : _____ 2015

Number of Person

Using the drop down select the year training was conducted.

I certify that the personnel listed were on the payroll as of December 31 2015 _____ are eligible based upon conditions outlined in Chapter 0360-7-1-.06 (8) of the Commission's Rules and Regulations.

Chief Administrative Official's Signature
DO NOT TYPE (FIRE CHIEF - DO NOT SIGN)

Date

TYPE OR PRINT NAME OF ABOVE OFFICIAL

TITLE

OFFICIAL MAILING ADDRESS:

FOR COMMISSION USE ONLY:

of Fire Personnel: _____ Date Received in Office: _____

Date Paid: _____ Amount Paid: \$ _____