



**DEPARTMENT OF COMMERCE AND INSURANCE**  
**COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION**  
 2161 Unionville Deason Road  
 Bell Buckle, TN 37020  
 931-294-4140

**EDUCATIONAL INCENTIVE PAY REQUEST FOR A VOLUNTEER  
 FIREFIGHTER**

Have you participated in the program in a previous year? Yes \_\_\_\_ No \_\_\_\_  
 If no, you **must** complete and submit a W-9 – Click [here](#) for W-9 form.

Has your name or address changed since you last participated? Yes \_\_\_\_ No \_\_\_\_  
 If yes, you **must** complete and submit a new W-9 form – Click [here](#) for W-9 form.

Are you employed by the State of Tennessee (either full or part-time)? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please provide the name of your department \_\_\_\_\_  
 and your Edison/Employee ID (ex. 00123456) \_\_\_\_\_

Are you employed as a firefighter by a career fire department? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please provide the name of the fire department \_\_\_\_\_

I certify that I, \_\_\_\_\_, served as a volunteer firefighter  
 firefighter at \_\_\_\_\_ Volunteer Fire Department as of December 31 of this  
 programs' calendar year, and I am eligible to receive the educational incentive pay requested based the  
 rules outlined in Chapter 0360-07-01.

\_\_\_\_\_  
 Signature of Firefighter \_\_\_\_\_  
 Date

Mailing Address: \_\_\_\_\_

County of Residence \_\_\_\_\_ PSID: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I have reviewed the attached reporting forms; they are complete and correct to the best of my knowledge.  
 This fire department is part of the unit of government for which I am the Fire Chief. I certify that the  
 firefighter listed was a volunteer firefighter as of December 31 of this program's calendar year and is  
 eligible to receive the educational incentive pay requested based upon conditions outlined in Chapter  
 0360-07-01 of the Commission's Rules and Regulations.

\_\_\_\_\_  
 Signature of Chief Administrative Official or Fire Chief \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Chief Administrative Official or Fire Chief \_\_\_\_\_  
 City or County

**Mail this form and the signed original W-9, if required, to the Firefighting Commission.  
 The Internal Revenue Service will not complete W-9 forms.**

**FOR COMMISSION USE ONLY:** Supplier ID: \_\_\_\_\_