



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
**COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS
 AND EDUCATION**

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

Send Hard Copy to the Address Above

**EDUCATIONAL INCENTIVE PAY REQUEST FOR
 VOLUNTEER FIREFIGHTERS**

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 for 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.

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

I certify that the personnel listed were volunteer firefighters as of December 31, 2021, and are 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

MAILING ADDRESS:

FOR COMMISSION USE ONLY:

of Fire Personnel: _____ Date Received in Office: _____

Date Paid: _____ Amount Paid: \$ _____