

South Carolina Firefighter Registration Form

South Carolina State Fire Marshal's Office

141 Monticello Trail

Columbia, South Carolina 29203

A.

Name: _____
Last First Middle

Home Address _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Driver's License Number: _____ State: _____ Class D/L: (Circle One) A B C D E F M G

Name of Employing Fire Department: _____

Fire Department Mailing Address: _____

City: _____ Zip Code: _____ FDID #: _____

Telephone Number: (____) - ____ - _____ Status: _____ Paid _____ Volunteer

Background Check Completed
Date: _____
(Necessary if Employed On or After July 1, 2001)

Employed Prior to July 1, 2001
Employment Date: _____

By Signature I certify that the above named individual is eligible for registration under the provisions of Title 40, Chapter 80, South Carolina Code of Laws.

Fire Chief (Print Name) Date

Fire Chief (Signature) Date

B.

ACTION TAKEN

(For All Actions Taken On or After July 1, 2001)

Please Check

- _____ Employment Date (See Section 40-80-10.B.2) Effective Date: _____
- _____ Termination Effective Date: _____
- _____ Voluntary Separation Effective Date: _____
- _____ Retirement Effective Date: _____
- _____ Inactive Effective Date: _____
- _____ Member of Multiple Departments - List: _____
- _____ Other (Explain) _____

EMAIL ADDRESS:

C.

**Do Not Write Below This Line
(For SCFM Use Only)**

The named individual _____ is

Registered as a firefighter in the State of South Carolina

Registration Number: _____ Date: _____

Denied registration based on: _____