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.

EMAIL ADDRESS:

_____
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) _____

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: _____

_____

FR1 *7/1/01*

_____
Authorized Signature