South Carolina Firefighter Registration Form

South Carolina State Fire Marshal's Office 141 Monticello Trail

Columbia, South Carolina 29203

Α.	Name:	Last	First			Middle	
	Social Security Number: Driver's License Number: St			Date of B	of Birth://		
			State:	Class	A B C D E F M G		
	Name of Employing Fire Department: Glassy Mountain Fire Department						
	Fire Department Mailing Address: 2015 Highway 11						
	City: Landrum			Zip Code: <u>29356</u> FI		OID #: 23119	
	Telepho	one Number: (<u>864</u>)- <u>8</u>	95 <u>-</u> 4306	Status:	Paid	Volunteer	
	Background Check Completed Date: (Necessary if Employed On or After July			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.						
				Robert J. Staples Fire Chief (Print Name) Date			
				,			
			Fire	Chief (Signature)		Date	
B.	ACTION TAKEN						
	(For All Actions Taken On or After July 1, 2001) <u>Please Check</u>						
	Employment Date (See Section 40-80-10.B		ction 40-80-10.B.2)	Effective Date:			
	Termination Voluntary Separation			Effective Date: Effective Date:			
	Retirement			Effective Date:			
	Inactive Member of Multiple Departments – List: Other (Explain)			Effective Date: _			
<u>C.</u>	Do Not Write Below This Line						
C.	(For SCFM Use Only)						
	The nar	med 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