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: Glassy Mountain Fire Department

Fire Department Mailing Address: 2015 Highway 11

City: Landrum Zip Code: 29356 FDID #: 23119

Telephone Number: (864)- 895 - 4306 Status: _____Paid _____Volunteer

❑ Background Check Completed
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**

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