

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) _____	

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: _____
