

**DeKalb County Fire Department
Application to Hold the Office of
Station Commander**

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth (mm/dd/yy): _____

Please answer the following questions with “yes” or “no”:

1. Are you an active Firefighter? _____
2. Have you completed the Introduction to Fire Pumpers (FF111) and Pumper Hydraulics (FF112) courses? _____ (if yes, attach certificates)
3. Have you completed Leadership I? _____ (if yes, attach certificate)

Documentation is required to be attached to this application showing evidence that the qualifications have been met.

Applications must be submitted no later than January 31 of each year, after to the annual officer elections/appointments in January. Terms begins February 1.