

DeKalb County Fire Department
Application to Hold the Office of
CHIEF

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

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

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

1. Do you currently meet all of the requirements for Lieutenant and Captain? _____

2. Have you served a minimum of 5 years as Captain (or higher) on the DeKalb County Fire Department? _____

3. Have you completed the 22 hour Live Burn Weekend at the Tennessee Fire Service and Codes Enforcement Training Academy, or in lieu, served at least 10 years on the DeKalb County Fire Department? _____

4. Have you completed Leadership I? _____

5. Have you completed Leadership II? _____

6. Do you agree to complete 16 hours of annual certified training while holding this office? _____

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

Applications must be submitted no later than December 31 of each year, prior to the annual officer elections/appointments in January.