

DeKalb County Fire Department  
Application to Hold the Office of  
**ASSISTANT 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 Fire Chief Orientation (Asst. to Commissioner) training? \_\_\_\_\_
4. Have you completed Leadership III? \_\_\_\_\_
5. Do you agree to complete 16 hours of annual certified training while holding this office? \_\_\_\_\_
6. Have you successfully completed all the required skill sets as outlined in Article II, Section B10 of the DCFD SOG's? \_\_\_\_\_

*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.**