

DeKalb County Fire Department
Application to Hold the Office of
CAPTAIN

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?

2. Have you been an active member of DCFD for a minimum of 5 years?

3. Have you served a minimum of 1 year as a Lieutenant or higher rank on the DCFD? _____
4. Have you completed the 22 hour Live Burn Weekend at the Tennessee Fire Service and Codes Enforcement Training Academy (or equivalent), or in lieu, have at least 10 years of firefighting experience? _____
5. Have you completed (and attached a copy) the Incident Command IS-400 course? _____
6. Have you completed Leadership II course (if yes, attach copy)? _____
7. Have you completed Landing Zone training? _____
8. 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.