

**DeKalb County Fire Department
Application to Hold the Office of
Safety Officer**

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

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

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

- 1. Have you been an active member of DCFD for a minimum of 2 years?** _____
- 2. Have you completed the Incident Safety Officer course?** _____
- 3. Are you a certified CPR/AED Instructor?** _____

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