

**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.*