

**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. Have you completed the Basic Firefighter or equivalent training? \_\_\_\_\_
2. Have you completed the Introduction to Fire Pumpers (FF111)? \_\_\_\_\_
3. Have you completed Leadership I? \_\_\_\_\_
4. Are you willing to assist in the completion of IS-100 and IS-700 (basic incident command training) for new members assigned to your station? \_\_\_\_\_
5. Have you been selected as the Station Commander candidate by your station's members? \_\_\_\_\_

Signature of Candidate for Station Commander: \_\_\_\_\_

Witness Signature (must be a member of the station): \_\_\_\_\_

Date witnessed: \_\_\_\_\_

*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 the the annual officer elections/appointments in January. Terms begin February 1.