



INCENTIVE ELIGIBILITY REQUEST FORM

This form is to be completed and signed by the Fire Chief or his/her designee when requesting a firefighter be granted incentive pay eligibility. Place an "X" beside the requirements which have been met. CPAT is required for either option unless otherwise stated.

Firefighter Name

Firefighter Number

Fire Department

Fire Department Number

OPTION 1 Firefighter completed 300 hours of instruction by Kentucky approved instructor per the required training list.

OPTION 2 KENTUCKY BASIC 2 Certification Equivalency (All Categories Listed Below)

Accredited Certification – Firefighter 2 (Kentucky)

Accredited Certification – Driver Operator Pumper (Kentucky)

FC 10000 – Kentucky Firefighter Survival Classroom 3 hours

FC 11000 – Kentucky Firefighter Survival Skills 3 hours

FC 20000 – Kentucky Firefighter Rescue Classroom 3 hours

FC 21000 – Kentucky Firefighter Rescue Skills 3 hours

FC 30000 – Kentucky Wildland Awareness 3 hours

FC 40000 – Kentucky Firefighter Flashover Recognition & Survival Classroom 3 hours

FC 41000 – Kentucky Firefighter Flashover Recognition & Survival Skills 3 hours

AND PROOF OF

CPAT (Candidate Physical Ability Test) Certification

The Fire Commission must be notified via submission of this form within thirty (30) days of initial Incentive Pay eligibility for either a newly eligible firefighter, or for a lateral transfer to your fire department that has been receiving Incentive Pay at their previous fire department within the previous one (1) year.

Printed Name of Authorized Certifying Official

Title of Authorized Certifying Official

Signature of Authorized Certifying Official

Date