



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 400 hours of instruction by Kentucky approved instructor per the required training list.

OPTION 2 _____

Firefighter has completed the combination of KY Accredited Certifications and the KY required courses.

AND PROOF OF

_____ **CPAT (Candidate Physical Ability Test) Certification**

Printed Name of Authorized Certifying Official

Title of Authorized Certifying Official

Signature of Authorized Certifying Official

Date