



## 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.

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Firefighter Name

Firefighter Number

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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 Firefighter 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

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Printed Name of Authorized Certifying Official

Title of Authorized Certifying Official

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Signature of Authorized Certifying Official

Date