



APPLICATION FOR INCENTIVE PAY

This form can **ONLY** be submitted between; **February 1st – April 30th**.

PLEASE PRINT OR TYPE FORM

Date: _____

Applicant – City of: _____ County of: _____

Fire Department

Fire Department Number

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Fire Chief's Name

Department Phone Number

Printed Name of Authorized Fiscal Officer

Title of Authorized Fiscal Officer

I hereby certify that the information contained herein is true and correct to the best of my knowledge. In addition, if this application is approved, I accept and will comply with provisions of KRS 95A, the general conditions contained herein, and such further rules, regulations and policies as may be reasonably prescribed by the Commission on Fire Protection Standards and Education.

Signature of Authorized Fiscal Officer

Date

COMMONWEALTH OF KENTUCKY

COUNTY OF _____

This document was acknowledged before me on _____ [date] by
_____ [name of Chief Executive Officer].

[Notary seal, if any]:

Signature of Notarial Officer

Notary Public for the Commonwealth of Kentucky

My commission expires: _____