



**Office of the State Fire Marshal
 Kansas Firefighter Recruitment & Safety Grant
 (KFRSG)
 Application
 Firefighter Physical
 FY2019**



Applicant Information

Department Name: _____ FDID#: _____
 Address: _____
 City, Zip: _____
 Phone #: _____ Email: _____
 Chief Name: _____

If awarded your Chief will be contacted to verify your status with the department.

Firefighter contact information:

Name: _____
 Address: _____
 City, Zip: _____
 Phone #: _____ Email: _____

Date of Hire	Date Last Physical – meets intent of NFPA 1582

Signature

Office of the State Fire Marshal, 800 S.W. Jackson, Suite 104, Topeka, Ks 66612

By signing or typing my name below, I attest that to the best of my knowledge the information contained herein is true and accurate.

Applicant Signature & Date: _____

Submit to: Kelly Ingold
 Office of the State Fire Marshal
 800 SW Jackson, Suite 104
 Topeka, KS 66612-1216

 Phone: 785-291-3586
 Fax: 785-296-0151
 Email: kelly.ingold@ks.gov

FOR OFFICE USE ONLY

NFIRS	Received	Status	Approved
Compliant	On-time	Approved	Full
Non-Compliant	Late	Denied	Partial