



**Office of the State Fire Marshal
 Kansas Firefighter Recruitment & Safety Grant
 (KFRSG)
 Application
 Firefighter Physical
 FY2020**



Applicant Information

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

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

Firefighter contact information:

Name: _____
 Mailing 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

I attest that to the best of my knowledge the information contained herein is true and accurate.

Applicant Signature & Date: _____

Mail, fax or email 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

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