



**Office of the State Fire Marshal
 Kansas Firefighter Recruitment &
 Safety Grant (KFRSG)
 Volunteer Firefighter Physical
 Reimbursement Application
 FY2016**



Applicant Information

Department Name: _____ KS ID#: _____
 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

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

Applicant Signature & Date: _____