

South Carolina Firefighter Registration Act
Request for Registration Documentation

Name: _____

Social Security # _____ - _____ - _____

Date of Birth: Month _____ Day _____ Year _____

Driver's License: State _____ Number _____

- Requesting information for self. A \$5 fee enclosed as per Section 40-80-30 (D) of the South Carolina Code of Laws.

- Requesting information as potential employer and agree to maintain this information in a confidential manner as per Section 40-80-30 (C) of the South Carolina Code of Laws.

Name of Agency/Department: _____

Authorized Person (Print Name)

Authorized Person (Sign Name)

Date

Submit To: Firefighter Registration
State Fire Marshal's Office
141 Monticello Trail
Columbia, S. C. 29203