



FIREMAN'S SUPPLEMENTAL SALARIES QUESTIONNAIRE

Please answer the following questions so the Fireman's Supplemental Pay Board of Review can make an eligibility determination of your Entity.

**SUBMIT THIS FORM WITH A COMPLETED APPLICATION
PACKET THROUGH THE SUMPAY PORTAL**

1. What is the legal name of your entity? _____

Submit a copy of the statute or legal requirements that created your entity.

2. What is your Federal Tax Identification Number (E.I.N.)? _____

3. Is your department a Profit or Non-Profit entity? (circle one) yes / no

If yes, submit a copy of the IRS Letter of Determination.

4. Does your Fire Department have a contract to provide services? (circle one) yes / no

If yes, attach a copy of the contract and an explanation of its terms.

5. Do your employees belong to a Municipal Civil Service System? (circle one) yes / no

6. Are your paid Firefighters employees of the Municipality, Parish, or Fire Protection District or any combination of the above? (circle one) yes / no

Please explain any NO answers.

7. Do your paid Firefighters receive a paycheck directly from the State of Louisiana? (circle one) yes / no

Please explain any NO answers.

8. Do your paid Firefighters receive a paycheck directly from the Municipality, Parish, or Fire Protection District or any combination of the above? (circle one) yes / no

Please explain any NO answers.

9. Do you require your full time firefighting employees to complete and pass a certified fireman's training program from a Pro Board accredited agency or an International Fire Service Accreditation Congress approved entity equal to National Fire Protection Association Standard 1010 or 1001 Firefighter I Certification validated by the Louisiana Fire and Emergency Training Academy in accordance with R.S. 40:1541 et seq? (circle one) yes / no

Training: _____

If yes, please indicate training, and submit a sample copy of the certification test and completion certificate. If no, please explain.

Approved By: _____

Fire Chief/Department Head, signature

Fire Chief/Department Head, printed name

Date

Certified By: _____

Mayor/Parish President, signature

Mayor/Parish President, printed name

Date

Notary Public Signature

Date

Notary Public Printed Name

Notary Public Number

Notary Commission Expiration

To knowingly submit false information could constitute a criminal offense, such as, false swearing, falsification of public documents, or theft by fraud. Furthermore, negligent submission of erroneous information may subject such negligent person to personal liability for any resulting overpayment of supplemental pay.