

KANSAS STATE FIREFIGHTER'S ASSOCIATION, INC.

APPLICATION FOR REGISTRATION FEE REIMBURSEMENT

The undersigned hereby makes application for reimbursement of registration fees of \$_____ to the following educational class: (maximum reimbursement is \$200 per person & limited to one time per year)

Course Name: _____

Class Sponsor: _____

Date of Class: _____ Hours Attended: _____

This class benefitted my department in the following manner:

I hereby certify, under penalties of perjury, that:

1. I am a member of a Kansas fire department (listed below) which was a member of the Kansas State Firefighters Association on the date that the above class was taken.
2. I have not and will not seek reimbursement for the above reimbursed fee from my department or any other agency, entity or person.
3. I certify that I attended the above class and have attached a copy of the certificate of attendance.
4. I understand that there is no guarantee of reimbursement, that this is only an application, and that reimbursement is conditioned upon many factors, including the availability of funding.

Applicant _____ Date

Address of applicant

APPROVAL: _____(Fire Department/District Name)

Chief of Department _____ Date

(or Chief's designate on file with KSFFA)
MEMBERSHIP VERIFIED: _____ Date _____

KSFFA Secretary

REQUEST APPROVAL: _____ Date _____
KSFFA President