



Firemen's Insurance and Inspection Fund (1%)

South Carolina State Firefighters' Association

Date of Request	Fire Dept Name	FDID #	Fire Dept County

Approval by Local Board of Trustees
We certify these expenditures are in compliance with the
Firemen's Insurance and Inspection fund (1%)

PRINT Name	Signature	Date

We the undersigned, who are members in good standing with our fire department and the S.C. State Firefighters' Association, request permission to utilize our local Firemen's Insurance Fund (1%) to defray the expenses.

Fire Department Members' Voting (51% of FD Required):

#	PRINT Name	Signature	YES	NO
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