



Form 201

Firemen's Insurance and Inspection Fund (1%)

South Carolina State Firefighters' Association

Date of Request	Fire Department Name	FDID #	Fire Dept County
Type of Request:	Description of Request:		

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 & Inspection Fund (1%) to defray the expenses.

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

#	PRINT Name	Signature	YES	NO
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#	PRINT Name	Signature	YES	NO
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