

# 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 \$100 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