

Application for Purchase of Prior Service

Member Info: _____ {please print}

Member ID No: _____ or Social Security No: _____

Last Name: _____ First Name: _____ Middle Initial: _____

The period of prior service that I request to purchase is from:

____/____/____ to ____/____/____

The period of prior service that I request was served with:

Department: _____

Address: _____ City _____ Zip: _____

I certify that I was a member in good standing with the above named fire department during the entire period of prior service I request to purchase and that I first became a member of this department

____/____/____
month day year

Initial To Choose a Statement

____ Volunteer: I state that during the period stated above, I was an active firefighter and maintained a minimum of thirty (30) hours of training for each year requested to purchase.

____ Full Time: I certify that during the period stated above, I employed by a fire department in the state of Alabama as a firefighter/officer pursuant to AFCPSC Administration Code requirements.

Signature of Chief

Print name of Chief

Phone Contact

Email Address

Sword to and subscribed before me

this ____ day of _____, _____

Signature of Notary Public and Seal

My Commission Expires On