



# APPLICATION TO PURCHASE PRIOR SERVICE COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

## PART A. MEMBER INFORMATION AND CERTIFICATION

2. <b>Name</b> (First, Middle Initial, Last)				
3. <b>Address</b> (Street, City, State and Zip+4)				
4. <b>Social Security Number</b>		5. <b>Date of Birth</b>		6. <b>Phone Number</b>
7. <b>Currently a Member of Department/Squad</b> <input type="checkbox"/> Fire <input type="checkbox"/> Rescue   Department/Squad Name: _____ Location/County: _____				
8. <b>Prior Service Information</b>				
<u>Department/Squad Name</u>	<u>Location/County</u>	<u>From Year</u>	<u>To Year</u>	<u>Total Years</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
If you prefer to purchase only a portion of the years reflected above, how many years do you wish to purchase? _____yrs				
I hereby certify the information above is true to the best of my knowledge.				
_____			_____	
Member Signature			Date	

## PART B. DEPARTMENT/SQUAD CERTIFICATION

I certify the information above for the named applicant is true and correct. He or she is eligible to purchase prior service in the number of years indicated above at a cost of \$ _____ (\$120 per year for each year purchased).	
A Department or Squad check payable to VOLSAP accompanies this form.	
_____	_____
Authorized Signer's Printed Name	Date
_____	_____
Authorized Signer's Title	Daytime Phone Number
_____	_____
Authorized Signature	

Send completed form to:

Wells Fargo IRT Texas Service Center/VOLSAP  
P.O. Box 2577  
Waco, TX 76702-2577

Email questions to:  
volsap@varetire.org