



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

PART A. MEMBER INFORMATION AND CERTIFICATION

2. Name (First, Middle Initial, Last)				
3. Address (Street, City, State and ZIP+4)				
4. Social Security Number		5. Date of Birth	6. Phone Number	
7. Currently a Member of Department/Squad <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____				
8. Prior Service Information				
<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	Phone Number
Authorized Signature	

Send completed form to:

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@usi.com