



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

## PART A. MEMBER INFORMATION AND CERTIFICATION

<b>2. Name</b> (First, Middle Initial, Last) _____																								
<b>3. Address</b> (Street, City, State and ZIP+4) _____																								
<b>4. Social Security Number</b> _____	<b>5. Date of Birth</b> _____	<b>6. Phone Number</b> _____																						
<b>7. Currently a Member of Department/Squad</b> <input type="checkbox"/> Fire <input type="checkbox"/> Rescue      Department/Squad Name: _____ Location/County: _____																								
<b>8. Prior Service Information</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="text-align: left; padding: 5px;"><u>Department/Squad Name</u></th><th style="text-align: left; padding: 5px;"><u>Location/County</u></th><th style="text-align: left; padding: 5px;"><u>From Year</u></th><th style="text-align: left; padding: 5px;"><u>To Year</u></th><th style="text-align: left; padding: 5px;"><u>Total Years</u></th></tr></thead><tbody><tr><td style="height: 20px; border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="height: 20px; border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="height: 20px; border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr></tbody></table> <p style="margin-top: 10px;">If you prefer to purchase only a portion of the years reflected above, how many years do you wish to purchase? _____yrs</p> <p>I hereby certify the information above is true to the best of my knowledge.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Member Signature</div><div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Date</div></div>					<u>Department/Squad Name</u>	<u>Location/County</u>	<u>From Year</u>	<u>To Year</u>	<u>Total Years</u>															
<u>Department/Squad Name</u>	<u>Location/County</u>	<u>From Year</u>	<u>To Year</u>	<u>Total Years</u>																				

## PART B. DEPARTMENT/SQUAD CERTIFICATION

<p>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).</p> <p>A Department or Squad check payable to VOLSAP accompanies this form.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Authorized Signer's Printed Name</div><div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Date</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Authorized Signer's Title</div><div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Phone Number</div></div> <div style="border-top: 1px solid black; padding-top: 5px; margin-top: 20px;">Authorized Signature</div>	
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Send completed form to:

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

Email questions to:  
volsap@usi.com