



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																								
<table border="1"><thead><tr><th><u>Department/Squad Name</u></th><th><u>Location/County</u></th><th><u>From Year</u></th><th><u>To Year</u></th><th><u>Total Years</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>					<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>																				
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
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