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

VOLSAP
for those who serve Virginia

Clear Form

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

❑ Fire ❑ Rescue Department/Squad Name: _____

Location/County: _____

8. Prior Service Information

Department/Squad Name	Location/County	From Year	To Year	Total Years

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