



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756
Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: leanna@gfpf.org

Web Site: <http://www.gfpf.org>

Part-Time Creditable Service Affidavit

Member Info	(Please Print) Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Service Dates For This Year Start Date: ____/____/____ to End Date: ____/____/____
Department Info	Department: _____
	Mailing Address: _____ City: _____ Zip: _____
	County: _____ Chief's Name: _____

Please (CIRCLE) the appropriate options below to ensure the member receives any creditable service due.

AFFIDAVIT

This Affidavit is given to induce the Georgia Firefighters' Pension Fund to (GRANT) (DENY) credit for service rendered by this member as a part-time firefighter during the above dates of service.

I certify and affirm that the above named member (DID) (DID NOT) work at least 20 hours per week, on average, during the period of time stated above.

I certify and affirm that the above named member (WAS) (WAS NOT) state certified or enrolled as a candidate for state certification by the Georgia Firefighter Standards and Training Council.

I further affirm that the hours worked by this firefighter are accurately reflected in the records of the Department.

I acknowledge that if any examination of the records of the Department reveals that this Affidavit is incorrect, the Fund may revoke any credit for service to the above named member.

I further acknowledge that O.C.G.A. 47-7-126 (a) provides that any person who knowingly makes any false statement in an attempt to defraud the Fund shall be guilty of a crime.

I hereby state under oath that the above named applicant was employed or enrolled with this Fire Department, met all requirements as set forth in O.C.G.A. 47-7, and that my official records support the information presented in this form to be true and correct. I make this affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

Signature of Chief

(If member is Chief, this form must be signed by the chief's superior)

Print Name of Signatory

Sworn to and subscribed before me

this ____ day of _____, ____.

Signature of Notary Public & Seal

My Commission Expires On

Must Submit Original Forms, Faxed Copies Not Accepted