



# 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: [membership@gfpf.org](mailto:membership@gfpf.org)

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

## Application For Purchase Of Prior Service

Page 1 of 2

This form is used to verify past service as a **FIREFIGHTER**. Certification will be allowed only when all requirements are met as set forth in O.C.G.A. 47-7

OFFICE USE ONLY

**MEMBER INFO:** {please print}  
Member ID No. \_\_\_\_\_ OR Social Security No. \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**The period of prior service that I request to purchase is from:**  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year month / day / year

**The period of prior service that I request was served with:** {please print}  
Dept \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
I certify that I was a member in good standing with the above Fire Department during the entire period of prior service. I request to purchase and that I first became a member of this Department \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

**Initial To Choose A Statement**  
\_\_\_\_VOLUNTEER: I state that during the period stated above, I attended at least fifty percent (50%) of the total of all drills and meetings held by the department and fires to which the Department responded.  
\_\_\_\_FULL TIME: I certify that during the period stated above, I was a candidate for or held a current firefighter's certificate issued under Article 1 of Chapter 4 of Title 25 of the Official Code of Georgia Annotated and had as incident to my position of employment the principal duty of preventing and suppressing fires; or had as incident to the position of my employment the principal responsibility to perform support functions for fire prevention and fire suppression activities of the fire department of a type which the Board of Trustees of the Georgia Firefighters' Pension Fund by regulation has found to have been traditionally and customarily performed by employees of fire departments in the State of Georgia, including, without limitation, the activities of administrative personnel within the department, mechanics whose primary duties are the maintenance and repair of fire-fighting equipment and apparatus, operating engineers whose primary duties are the operation of fire-fighting equipment and apparatus, communications and clerical personnel, and fire prevention and fire inspection personnel; provided, however, **that such term shall not include persons whose primary responsibility is the performance of emergency medical services.**

I 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 misdemeanor. I further agree that if any subsequent examination of the records of the Department reveals that this Affidavit is incorrect, the Georgia Firefighters' Pension Fund may revoke any credit for service given based on this Affidavit.

\_\_\_\_\_  
Signature of Applicant  
  
\_\_\_\_\_  
Print Name of Applicant

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
  
\_\_\_\_\_  
Signature of Notary Public & Seal



# 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: [membership@gfpf.org](mailto:membership@gfpf.org)

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

## Application For Purchase Of Prior Service

Page 2 of 2

### CHIEF'S AFFIDAVIT

OFFICE USE ONLY

**PURCHASER OF PRIOR SERVICE:** {please print or type}

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**DEPARTMENT WHERE PRIOR SERVICE WAS SERVED:**

Dept \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**PERIOD OF PRIOR EMPLOYMENT:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **TO** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

month / day / year month / day / year

I hereby state under oath that I am the Chief of the Department named above. I further state that the firefighter named above was employed by the Fire Department named above during the period shown. (Dates must be exactly the same as the dates listed on Page 1 of this Application for Purchase of Prior Service)

#### Initial To Choose A Statement

\_\_\_VOLUNTEER: I state that the above named volunteer firefighter was a member of the Department during the entire period stated above and attended at least fifty percent (50%) of the total of all drills and meetings held by the Department and fires to which the Department responded during the period stated above and said drills, meetings, and fires attended are accurately reflected in the records of the Department.

\_\_\_FULL TIME: I further state that during the period listed above the firefighter named above was a candidate for or held a current firefighters' certificate issued under Article 1 of Title 25 of the Official Code of Georgia Annotated and had as incident to his or her position of employment the principal duty of preventing and suppressing fires; or had as incident to the position of employment the principal responsibility to perform support functions for fire prevention and fire suppression activities of the fire department of a type which the Board of Trustees of the Georgia Firefighters' Pension Fund by regulation has found to have been traditionally and customarily performed by employees of fire departments in the State of Georgia, including, without limitation, the activities of administrative personnel within the department, mechanics whose primary duties are the maintenance and repair of fire-fighting equipment and apparatus, operating engineers whose primary duties are the operation of fire-fighting equipment and apparatus, communications and clerical personnel, and fire prevention and fire inspection personnel; provided, however, **that such term shall not include persons whose primary responsibility is the performance of emergency medical services.**

I further acknowledge that the 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 misdemeanor. I further acknowledge that if any examination of records of the Department reveals that this Affidavit is incorrect, the Georgia Firefighters' Pension Fund may revoke any credit for service given based on this Affidavit.

\_\_\_\_\_  
Signature of Chief

\_\_\_\_\_  
Print Name of Chief

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public & Seal