



Georgia Firefighters' Pension Fund

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Transfer Form

This form is to be used in the event of a change in departments, change in status(e.g. full-time to volunteer), or change in job title.
All information **MUST BE** completed before this form can be processed.

Member Info	(Please Print) Member No: _____ or Social Security No: _____ Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____
New Dept Info	(Please Print) Department: _____ Service Start Date: ____/____/____ Mailing Address: _____ City: _____ Zip: _____ County: _____ Chief's Name: _____ (Check One) I am a: Full-time Firefighter* Part-time Firefighter** Volunteer Firefighter Job Title: _____ (Check One) GFSTC Certification: Firefighter Fire Inspector Airport Firefighter Fire Investigator Fire & Life Safety Educator
Prior Dept Info	(Please Print) Department: _____ Service End Date: ____/____/____ Mailing Address: _____ City: _____ Zip: _____ County: _____ Chief's Name: _____ (Check One) I was a: Full-time Firefighter* Part-time Firefighter** Volunteer Firefighter Job Title: _____

*Full-time is working more than 40 hours per week and GFSTC Certified
**Part-time is working at least 1,040 hours per year, but less than 2,080 hours, and GFSTC Certified

I certify and affirm that I am employed or enrolled with the above Fire Department, that I meet all requirements as set forth in O.C.G.A. 47-7, and that all information presented in this form is true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

Signature of Member

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

I certify that the above named applicant is employed or enrolled with this Fire Department, meets 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 certification and 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)

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

Must Submit Original Forms, Fax Copies Not Accepted