



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

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

Volunteer Creditable Service Affidavit

MEMBER INFO: {please print}

Member ID No. _____ OR Social Security No. _____

Last Name _____ First Name _____ Middle Initial _____

Service Dates

For This Year **FROM** _____ / _____ / _____ **TO** _____ / _____ / _____
month day year month day year

DEPARTMENT INFO: {please print}

Dept _____

Street _____ City _____ Zip _____

PLEASE CHOOSE AND CIRCLE THE APPROPRIATE OPTIONS IN THE AFFIDAVIT BELOW TO ENSURE THE MEMBER RECEIVES ANY CREDITABLE SERVICE DUE.

AFFIDAVIT

I hereby state under oath that I am the Chief of the Department named above.

I further state that the Department did not fail to hold at least eight (8) hours of drills and meetings per month for any three months in years during which the above individual was a volunteer member of the department.

I further state that the number of drills and fires which this volunteer attended during any calendar year of membership is accurately reflected in the records of the Department.

I further state that the above member (**did**) (**did not**) attend at least fifty percent (50%) of the total of all drills and meetings held by the Department and calls to which the Department responded during the years of department membership.

This Affidavit is given to induce the Georgia Firefighters' Pension Fund to (**grant**) (**deny**) credit for service rendered for this member as a volunteer firefighter.

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 misdemeanor.

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

Signature of Chief

Print Name of Chief

Home Phone Number

Daytime Phone Number

Sworn to and subscribed before me

this _____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On