



# 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>

## Part Time 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 above member (**did**) (**did not**) work on average of at least 20 hours per week during the period of time stated above.

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