



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>

Transfer Form

This form is used in the event of a change in departments, change in job status, (e.g. full-time, part-time or volunteer) or change in job title. Membership will be allowed only when all requirements are met as set forth in O.C.G.A. 47-7.

Transfer Forms must be submitted within thirty (30) days of change in status.

OFFICE USE ONLY

MEMBER INFO: {please print}

Member ID No. _____ OR Social Security No. _____

Last Name _____ First Name _____ Middle Initial _____

Residence Address _____

City _____ State _____ Zip _____ Phone _____

NEW DEPARTMENT INFO: {please print}

Dept _____ Start Service Date _____ / _____ / _____
month day year

Street _____ City _____ Zip _____

County _____ Chief's Name _____

I am a Full Time Part Time Volunteer
{check one} Firefighter _____ Firefighter _____ Firefighter _____

Job Title _____

GFSTC Certification Firefighter Fire & Life Safety Educator Fire Inspector Airport Firefighter Fire Investigator

Chief's Statement

I certify that the above named applicant has begun service as claimed with this department.

Sworn to and subscribed before me

Signature of Chief

this _____ day of _____, _____.

Print Name of Chief

Signature of Notary Public & Seal

My Commission Expires On

OLD DEPARTMENT: {please print}

Dept _____ County _____

I was a [] Full Time Firefighter
(choose one) [] Part Time Firefighter
[] Volunteer Firefighter

End Service Date _____ / _____ / _____
month day year

I certify that the above is a true and a correct statement.

Sworn to and subscribed before me

Signature of Applicant

this _____ day of _____, _____.

Print Name of Applicant

Signature of Notary Public & Seal

My Commission Expires On