



Georgia Firefighters' Pension Fund

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Part-Time Creditable Service Affidavit

Member Info	<i>(Please Print)</i> Member No: _____ or Social Security No: _____
	Last Name: _____ First: _____ Middle: _____
	Service Dates For This Year Start Date: ____/____/____ to End Date: ____/____/____
Department Info	Department: _____
	Mailing Address: _____ City: _____ Zip: _____
	County: _____ Chief's Name: _____

Please (**CIRCLE**) the appropriate options below to ensure the member receives any creditable service due.

AFFIDAVIT

This Affidavit is given to induce the Georgia Firefighters' Pension Fund to (**GRANT**) (**DENY**) credit for service rendered by this member as a part-time firefighter during the above dates of service.

I certify and affirm that the above named member (**DID**) (**DID NOT**) work at least 20 hours per week, on average, during the period of time stated above.

I certify and affirm that the above named member (**WAS**) (**WAS NOT**) state certified or enrolled as a candidate for state certification by the Georgia Firefighter Standards and Training Council.

I further affirm that the hours worked by this firefighter are accurately reflected in the records of the Department.

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

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 crime.

I hereby state under oath that the above named applicant was employed or enrolled with this Fire Department, met 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 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)

Print Name of Signatory

Sworn to and subscribed before me
this ____ day of _____, ____.

Signature of Notary Public & Seal

My Commission Expires On

Must Submit Original Forms, Faxed Copies Not Accepted