

Award Application Station Transfer

Prince George's County Volunteer Fire/EMS
 Length of Service Award Program
Annual Report

For fiscal year ended June 30, 20_____

Volunteer Fire/EMS Company _____ Station No. _____ Date _____

Name (Print)	PGFD I.D. #	SS#	DOB	Initial Date of Membership	Service Credit in Other Companies	Total Service Credit	Indicate Basic (B) or (A) Additional

TO: Fire Commission
 Prince George's County, Md.
 Date: _____ APPROVED: _____
 Certified to be correct: _____

I/We hereby certify that the credit of service to the volunteer members listed herein based upon the requirements of Prince George's County law, is true and correct to the best of our knowledge, information, and belief.

 Chairman, Prince George's County Fire Commission

 Secretary, Prince George's County Fire Commission

 Secretary, Board of Directors

 President, Board of Directors

 Prepared by (Print)

Director of Personnel and Labor Relations