

Prince George's County Fire/EMS Department Transfer Request

Fire Department Status: Volunteer EMS Only Administrative Auxiliary

PGFD ID #: _____ SSN# (last 4 digits only): _____ Date: _____

Name Last: _____ Name Middle: _____

Name First: _____ Name Maiden: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ City Born: _____

Sex: Male Female Race: _____ Color Hair: _____ Color Eyes: _____

Blood Type: _____ Height: _____ Ft _____ In Weight: _____ Lbs.

Drivers License #: _____ Drivers License State: _____ Drivers License Expiration Date: _____

Drivers License Class: _____ Red Card (If Applicable): Yes No

Emergency Contact Name: _____

Relation: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

TRANSFERS WILL NOT BE ACCEPTED WITHOUT SIGNATURES FROM FORMER CHIEF/PRESIDENT AND ACCEPTING CHIEF/PRESIDENT OF CORPORATION

I, _____, confirm that the transferring member has no pending or on-going disciplinary actions against them and that any disciplinary sanctions have been served / completed.

Former Chief/President: _____ Signature: _____

ID#: _____ Date: _____

Accepting Chief/President: _____ Signature: _____

ID#: _____ Date: _____

FIRE COMMISSION APPROVED: _____ Date: _____