

**BOARD OF TRUSTEES
OF THE
MUNICIPAL FIREFIGHTERS' PENSION TRUST FUND
FOR THE CITY OF TEMPLE TERRACE**

APPLICATION FOR PURCHASE OF PRIOR SERVICE AS A FIREFIGHTER

DIRECTIONS: EACH QUESTION MUST BE ANSWERED FULLY AND HONESTLY. PLEASE READ CAREFULLY. THIS APPLICATION MUST BE FULLY COMPLETED AND MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. IT MUST BE ACCOMPANIED BY DOCUMENTATION REQUIRED BY PENSION BOARD POLICY, A COPY OF WHICH IS ATTACHED. IT IS YOUR RESPONSIBILITY TO OBTAIN THE REQUIRED INFORMATION AND DOCUMENTATION.

IF FURTHER SPACE IS REQUIRED ON ANY QUESTION, ATTACH ADDITIONAL PAGES, INDICATING THE NUMBER(S) TO WHICH THE INFORMATION APPLIES.

FALSIFICATION OR WITHHOLDING OF ANY INFORMATION MAY RESULT IN SERIOUS CHARGES BEING BROUGHT AGAINST YOU.

1. What is your:

- a. Current Name: _____
- b. All other names which you have been known by: _____

- c. Home address: _____
- d. Home telephone number: _____
- e. Work telephone number: _____
- f. Employee number: _____
- g. Department and Station/District: _____
- h. Date of employment: _____
- i. Date of birth: _____
- j. Social security number: _____

2. For what period(s) of prior service as a “firefighter” as defined by Florida Statutes Section 175.032(8)(a), are you requesting to purchase as credited service in this retirement system/plan?

3. Are you entitled to receive, now or in the future, any retirement or pension benefit for the prior service as a “firefighter” that you are requesting to purchase?

4. For the prior service as a “firefighter” that you are requesting to purchase, what position(s) did you hold during such service?

5. For each of the positions you held, did such position(s) require you to be certified as a firefighter?

6. If yes to 5, list the name(s) and address(es) of the certifying agency or agencies.

7. List the name, business addresses and business telephone numbers of each employer from where records of your prior service as a "firefighter" can be obtained.

8. A true and correct copy of a letter from each of my prior employers for which service as a "firefighter" I am requesting to purchase credited service with this retirement system/plan, indicating:

- a. The period of time of such service as a "firefighter".
- b. That I am not entitled to receive, now or in the future, any retirement or pension benefit for such service.
- c. The position(s) that I held.
- d. The certification(s) required to hold such position(s),

is attached to this application.

9. A true and correct copy of the job description(s) for each position held by me in effect during the period of time that I am requesting to purchase as a "firefighter" as defined by Florida Statutes Section 175.032(8)(a), is attached to this application.

YOU ARE REQUIRED TO SUPPLEMENT THIS APPLICATION IMMEDIATELY IN WRITING TO THE PENSION BOARD WITH ANY NEW OR ADDITIONAL INFORMATION OBTAINED BETWEEN THE TIME OF SIGNING THIS APPLICATION AND FINAL DECISION BY THE BOARD OF TRUSTEES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING, AND THE FACTS ALLEGED ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATED: _____

(APPLICANT'S SIGNATURE)

COUNTY OF HILLSBOROUGH
STATE OF FLORIDA

Before me, the undersigned authority, personally appeared, _____, who is personally known to me or who has produced _____ as identification, who being duly sworn, deposes and says that the answers to the above questions are true to the best of his/her knowledge, information and belief.

Notary Public
My commission expires:

Sworn to and subscribed before me, this _____ day of _____, 20____.