



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 476-9401 fax (800) 342-3422 voice

www.pera.state.nm.us

Volunteer Firefighters Adjusted Qualification Report

Instructions: Please print or type in black or blue. The original of this form must be returned to PERA for processing.

SECTION A - GENERAL INFORMATION

- 1. Member Name:
2. Social Security Number:
3. Fire Department:
4. PERA Number:

SECTION B - CERTIFICATION

I, \_\_\_\_\_, affirm that the records submitted on the attached Adjusted Qualification Record for Individual Volunteer Firefighter are true and correct.

Member Signature Date

Municipal Mayor or Chairman of County Commission Date

State of New Mexico )
) SS:
County of \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_.

My Commission Expires \_\_\_\_\_ Notary Public Telephone No: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Notary Signature \_\_\_\_\_

Return this Report with the Adjusted Qualification Record for Individual Volunteer Firefighter and completed Member Enrollment Form to the Public Employees Retirement Association. Keep copies for your records.