

Volunteer Firefighters Adjusted Qualification Report

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA via regular mail, fax, or e-mail to pera-membervservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your records.

Section 1

Information About You

Social Security Number or PERA ID		Name (First, Middle Initial, Last)	
Date of Birth	Phone Number	Would you like direct correspondence by E-mail? If so, include E-mail Address	
Mailing Address		City	State Zip Code

Section 2

Information About The Volunteer Fire Department (VFD)

PERA VFD ID NUMBER (IF KNOWN)	VFD Name
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Section 3

Information About Adjusted Years of Volunteer Firefighter Service Credit

No.	Year	Service to be awarded?	
		Yes	No
1.	2021		
2.	2022		

Section 4

Your Certification

Signature of Volunteer Firefighter (In the presence of a Notary Public)	Date
State of _____) County of _____) SS*:	
Signed and sworn (or affirmed) before me by _____ on this _____ day of _____, _____. Printed Name of Volunteer Firefighter	
My commission expires: _____/_____/_____	
Notary Public Telephone Number _____ - _____ - _____	
Signature of Notary Public _____ *Notary seal must be visible.	

Section 5

Mayor or Commission Certification

Signature of Municipal Mayor or Chair of County Commission	Date
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