PERA
Public Employees Retirement Association of New Mexico

# 2022 Volunteer Firefighters Annual Reporting Form

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the appropriate Qualification Record form(s) by March 31, 2023 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

## Section 1 General Information About the Volunteer Fire Department (VFD)

PERA VFD Number (5 digit number) _____ VFD Name _____

VFD Mailing Address _____ City _____ State _____ Zip Code _____

VFD Fire Chief's Name (First and Last) _____ VFD Chief's Daytime Phone Number _____ VFD Chief's email Address _____

Alternate Contact Name (First and Last) _____ Alternate Contact's Daytime Phone Number _____ Alternate Contact's Email Address _____

## Section 2 VFD DEPARTMENT TOTALS

| | | |
|---|---|---|
| 1. | New VFD members reported in 2022: | |
| 2. | Current/returning (non-retired) VFD members reported in 2022: | |
| 3. | Retired VFD members reported in 2022: | |
| 4. | **Total number of Volunteer Firefighters reported in 2022 (sum of members entered on lines 1 through 3):** | |

## Section 3 VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, _____ (Printed Name of VFD Fire Chief), Fire Chief of the _____ (VFD Name) Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect ***100%*** of my VFD's 2022 roster.

Signature of VFD Fire Chief _____ Date _____

State of New Mexico )
)
County of _____ ) SS:

Signed and sworn to (or affirmed) before me by _____ (VFD Chief's Name (please print) to be completed by Notary) on this _____ day of _____, _____.

My Commission Expires _____ Notary Public Telephone Number _____-_____-_____ Signature of Notary _____

## Section 4 MAYOR OR COMMISSION CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission _____ Date _____