Print Form

Public Employees Retirement Association Of New Mexico
P.O. Box 2123, Santa Fe, New Mexico 87504-2123
(505) 476-9401 fax (505) 476-9300 voice
www.pera.state.nm.us

Volunteer Firefighter Service Credit Qualification Record

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department: _____

PERA Number: _____ Report Year: _____

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer	Age of Volunteer	Service Credit	
				Yes	No
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐
5.				☐	☐
6.				☐	☐
7.				☐	☐
8.				☐	☐
9.				☐	☐
10.				☐	☐
11.				☐	☐
12.				☐	☐
13.				☐	☐
14.				☐	☐
15.				☐	☐
16.				☐	☐
17.				☐	☐
18.				☐	☐
19.				☐	☐
20.				☐	☐

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)

Signature: _____ Title: _____ Date: _____