Washington County Volunteer Fire & Rescue Association QUALIFICATION APPLICATION POINTS SYSTEM







	SEC.	
Last Name:	First Name:	Middle:
Mailing Address:		
City/Town:	State:	ZIP CODE:
Home Phone No:	Cell Phone	
Email:	·	
Social Security No:	Date of Birth:	
Program for the Maryland Sprogram. I understand that appropriate forms and comprocedures and regulations. I hereby certify under the penalty of perjunctions.	o participate in the Income Tax State Income Tax and the Washi t I am responsible for submitting ply with all point system, Tax Sury that the information contained on this form is es any false statement or report to be made in a	ington County L.O.S.A.P g all creditable time, on the abtraction and L.O.S.A.P. strue and correct to the best of my knowledge.
DATE	SIG	NATURE OF APPLICANT
	NOT WRITE BELOW THIS I	
	Y:	
LOSAP 102 Rev. 10/10/16		