

Washington County Volunteer Fire & Rescue Association
QUALIFICATION APPLICATION
POINTS SYSTEM



Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP CODE: _____

Home Phone No: _____ Cell Phone _____

Email: _____

Social Security No: _____ Date of Birth: _____

I hereby make application to participate in the Income Tax Subtraction Modification Program for the Maryland State Income Tax and the Washington County L.O.S.A.P program. I understand that I am responsible for submitting all creditable time, on the appropriate forms and comply with all point system, Tax Subtraction and L.O.S.A.P. procedures and regulations.

I hereby certify under the penalty of perjury that the information contained on this form is true and correct to the best of my knowledge.

(Any person who knowingly makes or causes any false statement or report to be made in any application or document required under law is subject to a fine of \$1000.00)

DATE

SIGNATURE OF APPLICANT

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY THE COMPANY LOSAP COORDINATOR

DATE ENTERED COMPANY: _____

SIGNATURE OF COMPANY LOSAP COORDINATOR

DATE