



Charles County
Volunteer Firemen's Association, Inc.
and
Charles County Association of
Emergency Medical Services, Inc.
P.O. Box 21, LaPlata, Maryland 20646



VERIFICATION OF LOSAP QUALIFICATION FOR CHARLES COUNTY INTER-COMPANY TRANSFERS

FROM COMPANY _____ **DATE JOINED** _____

TO COMPANY _____

MEMBER'S NAME _____
(Last, First, MI)

SSN _____ **DOB** _____

LOSAP POINTS BY YEAR

INSTRUCTIONS: Enter total points accumulated for each category, by year, for the current year and for the preceding 9 years. *If reporting for the transfer of more than 10 years, please put any additional information on Page 2 of this form.*

YEAR	TRAINING	DRILLS	POSITION	MEETINGS	ALARMS	COLLATERAL DUTIES	MILITARY	TOTAL
Current:								

Are you reporting for more than 10 years? Please check one: ☐ Yes (Use and attach Page 2.) ☐ No

Of the years reported, how many (if any) are transferred from other companies? _____ **Company Name** _____

Total number of years qualified for LOSAP: _____

We certify that the above stated information is as has been reported on our Company's LOSAP reports, and is true and accurate to the best of our knowledge, through (date) _____.

Company Point System Coordinator

Authorized Company Official
(President, Secretary or Board Chairman)

Revised July, 2014, Oct 2016

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Proudly Volunteering and Serving Charles County*

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