



APPLICATION TO PURCHASE PUBLIC SERVICE
 (Please submit the original form and retain a copy for yourself)

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER XXX-XX-
DEPARTMENT <input type="checkbox"/> LAFD <input type="checkbox"/> LAPD <input type="checkbox"/> HARBOR <input type="checkbox"/> AIRPORT		TELEPHONE	E-MAIL	
ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE

I understand that the minimum amount of time that can be purchased under the Public Service Purchase (PSP) Program is six months of uninterrupted full-time service with an eligible public entity and that no more than a total of four years of service can be purchased. Service credit with non-governmental agencies supported by government contracts or grants is not eligible for purchase.

I am applying to purchase public service with the following public entity (check/complete as applicable): <input type="checkbox"/> U.S. Government Service <input type="checkbox"/> State/Political Sub-Division <input type="checkbox"/> Local Government/Special District				
EMPLOYER NAME	EMPLOYER CONTACT	TELEPHONE		
EMPLOYER ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	
Period of employment with this employer: _____ / _____ / _____ through _____ / _____ / _____		MONTH DAY YEAR MONTH DAY YEAR		
Is this employer a police agency or a fire suppression agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you can only purchase this service if you were not terminated for cause.				
RETIREMENT SYSTEM DURING CLAIMED PERIOD OF EMPLOYMENT				
RETIREMENT SYSTEM NAME	RETIREMENT SYSTEM CONTACT	TELEPHONE		
RETIREMENT SYSTEM ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	

I am receiving or will be entitled to receive benefits for the time I am purchasing. Yes No

MEMBER SIGNATURE

I hereby authorize Los Angeles Fire and Police Pensions to obtain any information concerning my employment and pension benefits which may be required in connection with my application to purchase prior public service.

MEMBER SIGNATURE: _____ DATE: _____

Please mail or submit this form in-person to:

**Los Angeles Fire and Police Pensions
 Attn: Active Member Services**

**701 E. 3rd St., Suite 200
 Los Angeles, CA 90013**

Mail Stop: 390

**Telephone: (844) 88-LAFPP
 (213) 279-3140**

Email: amssection@lafpp.com



**APPLICATION TO PURCHASE PUBLIC SERVICE
 CERTIFICATION OF SERVICE**

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER
				XXX-XX-

FOR OFFICIAL USE ONLY:
 (To be completed by the former employer/retirement system)

EMPLOYING AGENCY	DATES EMPLOYED		FULL TIME EMPLOYMENT
NAME	FROM	TO	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	/ /	
NAME	FROM	TO	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /	/ /	

Please list all uncompensated leaves of absence and/or period(s) of uncompensated time:

FROM	TO	TYPE/DESCRIPTION
/ /	/ /	
/ /	/ /	
/ /	/ /	

1. Was this individual ever a member of your retirement system? Yes No
 If yes, please check one:
 Contributory Plan Non-Contributory Plan Social Security Other

2. Is this individual eligible to receive retirement benefits from your system now or in the future?
 Yes No
 If yes, please explain in the following space provided. We require this information because our System does not allow a member to purchase service time when that member is entitled to retirement benefits from another retirement system.
 Explanation: _____

3. Has this individual received a refund of his/her contributions and interest? Yes No
 If yes, please provide the date when the refund occurred. **Refund Date:** ____/____/____
 If yes, is this individual still eligible to receive a benefit because of remaining employer contributions or non-contributory funds? Yes No

4. Was this individual terminated for cause? Yes No Information Not Available

CERTIFICATION BY EMPLOYING AGENCY OR RETIREMENT SYSTEM

I hereby certify that the above information is accurate.

SIGNATURE: _____ TITLE: _____
 PRINT NAME: _____ DATE: _____

AGENCY YOU REPRESENT	TELEPHONE	FAX
AGENCY ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE

