

**FIREFIGHTERS' RETIREMENT SYSTEM**  
**Application for Reciprocal Recognition of Service**  
**(R.S. 11:142)**

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Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Application: \_\_\_\_\_

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System actively contributing to: \_\_\_\_\_

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Reciprocating system(s) in which member currently holds creditable service: \_\_\_\_\_  
\_\_\_\_\_

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I request reciprocal recognition of my creditable service currently held in the above named retirement system(s) under the provisions of LSA-R.S. 11:142 and under the rules and regulations adopted by the above retirement system(s). (Provisions and applicable retirement system rules and regulations may be obtained from each system named above upon request. Applicants are urged to read, and obtain explanations if needed, both the provisions LSA-R.S. 11:142 and the applicable retirement system rules and regulations.)

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Member's Signature

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Date

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Approved by:

System name \_\_\_\_\_

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Signature and title of certifying official

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Date

System name \_\_\_\_\_

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Signature and title of certifying official

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Date

System name \_\_\_\_\_

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Signature and title of certifying official

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Date