

Definition of Cell formatting

Last Name: Place the official last name given at birth and as displayed on Social Security Card. In the event of a name change by marriage, adoption or legally recognized name change

First Name: Place the official first name given at birth and as displayed on Social Security Card. In the event of a name change that is officially documented through the Court system and/or is approved alias identification, such name can be substituted.

Social Security Number (Identification): In compliance with the Privacy Act 1974, Official Social Security Numbers shall be documented with the specific agency or authority having jurisdiction (AHJ). The purpose of this document ONLY the last 4 digits of the SSN are necessary.

Date of Birth: Place the official date of birth as displayed on personal Birth Certificate as documented with the Vital Statistics Office in the State in which the participant was born.

Acceptance: Place the official entry date of service to the specific department. To comply with the Public Safety Officer Benefit (PSOB): “An individual is considered a public safety officer by definition if the recruit dies while participating in a fire academy, it would have to be shown that he or she already had the authority to act as or engage in fire suppression activities”. Should these requirements be satisfied, eligibility for the PSOB benefits could apply if the other criteria contained in the PSOB Act and regulations can be met.

Title: Place the official title given to the individual upon entering the local agency. It is to be assumed that ranking officials of an organization shall have the title of Fire Fighter although their working title may reflect (Captain, Battalion Chief, etc.) For compliance purposes, if an Emergency Medical Provider (EMS) has been cross-trained and during the time of the incident fall victim to an event viewed as Fire Fighting activity such victim may be eligible for compensation.

Removal Date: Place the actual removal date from active service for each individual listed within this document.

Reason for Removal: In the above field and removal date has been documented, list reason for removal but not limited to: dismissal, mutual separation of service, transferring to a different agency, or leaving the service. As recommended below, do not remove a deceased member from the list for natural causes for a period not less than seven (7) years.

Recommendation: In compliance with COV § 27-42. It is recommended that at any time an approved and documented member of an agency warrants change to this document, it will be submitted to the Clerk of Court having jurisdiction. Members that have died of presumed natural causes shall remain on this ledger as reference for a period not less than seven (7) years from date of documented death.

I certify that, to the best of my knowledge and belief, this is a full, true and correct representation of membership within our organization.

TYPE/PRINT AUTHORIZED FIRE DEPARTMENT/AGENT NAME

SIGNATURE OF REGISTER OR CLERK OF COURT

DATE