

Washington County Volunteer Fire & Rescue Association  
**QUALIFICATION APPLICATION**  
**POINTS SYSTEM**



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Pager No: \_\_\_\_\_ 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 Year \_\_\_\_\_, and the Washington County L.O.S.A.P. program. I understand that I am responsible for submitting on the appropriate forms, all creditable time.

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)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

DATE ENTERED COMPANY: \_\_\_\_\_  
SERVICE YEAR: \_\_\_\_\_

QUALIFIED: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPANY LOSAP COORDINATOR

\_\_\_\_\_  
DATE