



Washington County Volunteer Fire And Rescue Association



Losap Coordinator Points Modification Form

For Corrections and Changes After Year End Submission of Data - Please Print and then Sign Form - Submit to Association

Points Year Reporting Company

First Name Last Name

SSN Date of Birth

Indicate Points Only not hours	Losap to be Corrected /Modified	Reason for not being in Data Submission
Alarms <input type="text"/>	Dates <input type="text"/>	Reason <input type="text"/>
Drills <input type="text"/>	Dates <input type="text"/>	Reason <input type="text"/>
Training <input type="text"/>	Dates <input type="text"/>	Reason <input type="text"/>
Meetings <input type="text"/>	Dates <input type="text"/>	Reason <input type="text"/>
Standby <input type="text"/>	Dates <input type="text"/>	Reason <input type="text"/>
Duties <input type="text"/>	Dates <input type="text"/>	Reason <input type="text"/>
Committes etc <input type="text"/>	From January 1 to December 31 Inclusive	Reason <input type="text"/>

Total Points Modified Add Additional year of Service for 50 points?

Losap/Coordiniator/Alternate

Cell Phone Best Time to Call

Email Other Phone

I hereby certify that the above modification of Point System/ Losap Information is true and correct to the best of my knowledge and that the proper documentation for the above information has been verified by me and properly filed among the records of my company. I understand that this modification is subject to the same law and penalties as any individual LOSAP/Point System Form and that I have personally verified its accuracy .

Signed _____
Losap Coordinator / Alternate

Date _____