



## *PRINCE GEORGE FIRE & EMS*

Dear Applicant:

This packet of information contains a generalized format for applicants applying for membership into the Prince George County Volunteer Fire and EMS organization. Completed applications shall be submitted to the Fire & EMS Office.

### **Membership Criteria:**

Prince George County is divided into five (5) fire response districts. Each district is protected by a modern, well trained and equipped volunteer fire department. They are: Company 1 - Prince George Volunteer Fire Department, Company 2 – Disputanta Volunteer Fire Department, Company 3 – Carson Volunteer Fire Department (also includes a sub-station), Company 4 – Burrowsville Volunteer Fire Department, and Company 5 – Jefferson Park Volunteer Fire Department. Prince George County is also served by a modern, flexible Emergency Crew staffed by well-trained career and volunteer professionals. Locations and phone numbers for these stations and crew building are noted on page 4.

Membership into any of the above companies and emergency crew varies according to their individual by-laws. However, there are certain requirements that must be fulfilled prior to membership approval in addition to long range training requirements. A prospective firefighter can join a fire company at age 16 and will enjoy junior status until age 18. Firefighter status is given for those who are new to the company and have attained their 18th birthday; Emergency crew junior members must be age 16. Individuals may also join through each company's Association Member status. By-laws are adopted by each individual fire department and the emergency crew and copies are available upon request at each location and the Fire & EMS Office.

**Membership Application:** This application is self-explanatory. Please make every effort to complete each section. The prospective member shall not attend meetings at the firehouse and/or emergency crew nor shall the prospective member be voted-in the department and/or participate in any functions until the Fire & EMS Office has completed the DMV and Criminal Background checks. Fire & EMS is located at 6602 Courts Drive 2nd Floor at the County Government complex. Office hours are from 8:30 a.m. – 5:00 p.m. Mon-Fri. The office phone # is 722-8614. An appointment is generally not necessary.

**Hepatitis B Vaccine:** Due to the increased risk of occupational exposure to blood or other potentially infectious materials that can cause infection of the Hepatitis B Virus (HBV) the County is offering at no charge to you the series of Hepatitis B vaccines. The series of three shots is administered by Virginia Industrial Medicine and is optional.

### **Additional Information:**

**Physicals:** All new members will be scheduled for a complete physical upon notification from the departmental chief. This physical will be provided free of charge to the member. Notification will be no sooner than the members' second month of probation and no later than the members' sixth month of probation. Any member who does not submit to or successfully accomplish a physical will not be permitted to engage in "active firefighting" or be issued personal protective gear. The member may serve in any other membership category capacity as allowed by departmental by-laws.

### **Orientation –**

To ensure the safety of new members in the interim period between being voted in as a member an orientation class must be completed. Topics such as Safety, SOP's, benefits, LOSAP, Forms and other related areas are covered.

#### **Within 18 Months**

To ensure that all members of each Fire Department are able to properly perform their assigned duties in a safe manner, the County of Prince George requires Firefighter I and Haz-Mat Awareness state certification classes must be successfully completed within eighteen (18) months of date of entry into the department to remain in good standing.

To ensure all members of the Emergency Crew are able to properly perform their assigned duties in a safe manner, the County of Prince George requires the applicant to enroll and pass EMT-Basic and CPR within one year.

If any the Member wishes to be Operate Fire Apparatus or join the Emergency Crew as a Driver only status then they must be a minimum of 18 years of age and complete the appropriate level state certified EVOC course.

### **Additional Benefits:**

**Prince George County Decals:** Members in good standing (Code of Virginia 46.2-752) may receive the Prince George County Decals free of charge after one (1) year of membership. This benefit covers only one vehicle that must be registered in the volunteer's name. If two vehicles are registered, receipt of two decals only applies if father/son, husband/wife are members in good standing (code of Virginia 46.2-752) in the department. Each department will canvass its membership during 1<sup>st</sup> Qtr of year to develop list to be sent to Commissioner of Revenue Office.

**Reduction of Prince George Personal Property Tax:** Personal property tax is reduced to 10¢ on the \$100 for volunteer members in good standing (Code of Virginia 46.2-752.)

**VFIS Insurance Beneficiary Designation For Accident & Sickness Policy:** If injured or killed while on duty and participating in any departmental capacity, the Virginia Firemen's Insurance Services, Inc. covers medical expenses, and with proper criteria, loss of work wages until recovery. Also included is a dismemberment clause for severe injury. This coverage will only take place if the proper accident/injury forms are properly filed by a departmental officer and submitted to the proper authority at the time

of the incident. In addition, VFIS offers a death benefit in the amount of \$150,000. It is imperative that a beneficiary form is completed and placed in the member's personnel files in the Fire & EMS Office.

Federal Line Of Duty Death Benefit: Under the Federal Public Safety Officers' Benefit Act a \$100,000 + (adjusted by the percentage of change in the Consumer Price Index) benefit is awarded to the eligible survivors of a public safety officer whose death is the direct approximate result of a traumatic injury officer who has been permanently and totally disabled as the direct result of a catastrophic personal injury sustained in the line of duty. The injury MUST PERMANENTLY prevent the officer from performing any gainful work. A public safety officer is a person serving a public agency in an official capacity, without compensations, as a law enforcement officer, firefighter or member of a public rescue squad or ambulance crew. Volunteer firefighters and members of volunteer rescue squads and emergency crew are covered IF THEY ARE OFFICIALLY RECOGNIZED OR DESIGNATED MEMBERS OF LEGALLY ORGANIZED VOLUNTEER FIRE, RESCUE OR AMBULANCE DEPARTMENTS. (Excerpt from Department of Fire Programs, Fire Department Line-Of-Duty Death, State and Federal Guidelines, August 1993, Page 1). Effective July 1, 2000 the Virginia Line of Duty Act, Sections 2.1-135 et seq. of the Code of Virginia, was revised to include a health insurance benefit to cover beneficiary and/or beneficiaries that meet certain criteria may be eligible for health insurance coverage.

Length of Service Awards Plan (LOSAP): Members may earn a retirement benefit at age 65 years that entitles member to receive a monthly income benefit for life (with a guaranteed 10 years certain) based on the number of years volunteer credited service earned. In addition, a \$10,000 death benefit insurance policy is also included in the plan. Annual enrollment period for LOSAP takes place from November 1 through December 31 of each year. The Fire & EMS Office will advise departments of specific dates.

Subscription to EMS Aid Program: All eligible members in good standing (Code of Virginia 46.2-752) are entitled to the Subscription to EMS Aid Program at no charge.

Additional information regarding membership into a Prince George County Volunteer Fire Department and/or Emergency Crew can be received from the company where you apply. The following is a list of each company, location, phone number and Chief's name:

**Company 1**

Prince George Volunteer Fire Dept.

P.O. Box 22

6500 Courthouse Road

Prince George, VA 23875

Station: 733-2797

**Chief: Chris Mitchell**

**Company 3**

Carson Volunteer Fire Dept.

P.O. Box 96

19806 Halifax Road

Carson, VA 23830

Station: 434-246-3400

**Chief: Scott Campbell**

**Company 4**

Burrowsville Volunteer Fire Dept.

17300 James River Drive

Disputanta, VA 23842

Station: 458-1525

**Chief: John Nicol**

**Prince George Fire & EMS**

P.O. Box 68

6602 Courts Drive

Prince George, VA 23875

Office: 722-8614

**Brad Owens, Director**

**Company 2**

Disputanta Volunteer Fire Dept.

P.O. Box 151

10000 County Drive

Disputanta, VA 23842

Station: 991-2405

**Chief: John Tyrcha**

**Company 3 Sub Station**

11300 S. Crater Road

Petersburg, VA 23805

Station: 733-2653

**Company 5**

Jefferson Park Volunteer Fire Dept.

P. O. Box 214

4225 Jefferson Park Road

Prince George, VA 23875

Station: 458-2089

**Chief: Tim Flynn**

**Prince George Emergency Crew**

P. O. Box 308

10800 Prince George Drive

Prince George, VA. 23875

Station: 733-2798

**Chief: Norman MacArthur**



## ARTICLE I. IN GENERAL

### Sec.2-1. Employment, licensing and volunteer service; background check

- A. This section is enacted pursuant to Code of Virginia, § 15.2-1503.1, to regulate employment by the county, a prospective licensee for any categories of license is required to submit to fingerprinting and volunteer service.
- B. An applicant, licensee, or volunteer seeking to engage in employment or volunteer service shall submit, if required, two sets of his fingerprints taken by the county police department to the Central Criminal Records Exchange in Richmond, Virginia, along with the appropriate fees.
- C. Upon receipt of the fingerprints and the appropriate fees, the county police department will transmit both sets of fingerprints, and appropriate fees (unless a satisfactory billing arrangement has been entered into between the police department and the Central Criminal Records Exchange), to the Central Criminal Records Exchange. The Central Criminal Records Exchange will compare the subject's fingerprints against its criminal file and, if no disqualifying conduct is found therein, submit the fingerprints to the Federal Bureau of Investigation for a comparison with nationwide records. The results of the Federal Bureau of Investigation will be returned to the Central Criminal Records Exchange, which will disseminate the state and national results to the police department.
- D. The county police department shall disseminate the results of the criminal background check to the county for fitness determination.
- E. In rendering a fitness determination, the county will decide whether the record subject has been convicted of or is under pending indictment for
  - 1. A crime which bears upon his ability of fitness to serve in that capacity, or
  - 2. Any felony or a misdemeanor which involved force or threat of force, controlled substances, was a sex-related offense, or a crime involving moral turpitude; or
  - 3. Has been the subject of a founded child abuse or neglect complaint
- F. Any such person will be presumptively disqualified and any such person who is presumptively disqualified will only be permitted to engage in employment or volunteer service if authorized by the county administrator and county attorney.
- G. A record subject denied employment, licensure or service as a volunteer shall be notified that information from the Central Criminal Records Exchange contributed to such denial. Should be record subject seek to amend or correct his record, he must contact the Central Criminal Records Exchange for a Virginia record or the Federal Bureau of I investigation for records from other jurisdictions maintained in its file.

(Ord. No.O-04-005, § 2-16, 4-13-2004)



## Personnel Data Information - Application

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ I.D. # (1<sup>st</sup> initial of last name & last 4 of SSN) \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of Cell Phone Provider: \_\_\_\_\_ (Verizon, Sprint, Etc.)

For Active911 Text: Type of device \_\_\_\_\_ (Android, I-Phone, Cell, etc.)

Email \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_



DATE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**COUNTY OF PRINCE GEORGE  
APPLICATION FOR MEMBERSHIP**

**Company** ☐1 ☐2 ☐3 ☐4 ☐5 ☐PGEC ☐Admin

**I. CLASS FOR MEMBERSHIP DESIRED:** \_\_\_ Full Membership \_\_\_ Junior membership \_\_\_ Association Only

**NAME:** \_\_\_\_\_ 1<sup>st</sup> Initial Last Name & last 4 of SSN \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Street Address County/City State Zip Code

\_\_\_\_\_  
Mailing Address County/City State Zip Code

**HOME PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**MOBILE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_

\_\_\_\_\_  
Street Address County/City State Zip Code

\_\_\_\_\_  
Mailing Address County/City State Zip Code

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_

\_\_\_\_\_  
Street Address County/City State Zip Code

\_\_\_\_\_  
Daytime Phone Number Other Phone Number

**II. EMPLOYMENT HISTORY (Voluntary)**

**OCCUPATION:** \_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_  
Street Address County/City State Zip Code

**PHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYMENT TIME FRAME: FROM** \_\_\_\_ **TO** \_\_\_\_

**BRIEF DESCRIPTION OF DUTIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. PREVIOUS FIRE and/or EMS EXPERIENCE and TRAINING: (Letter from Agency if Applicable)**

AGENCY NAME: \_\_\_\_\_

RANK HELD (IF ANY): \_\_\_\_\_

DATES OF MEMBERSHIP: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

RANK HELD (IF ANY): \_\_\_\_\_

DATES OF MEMBERSHIP: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

RANK HELD (IF ANY): \_\_\_\_\_

DATES OF MEMBERSHIP: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. TRAINING/CERTIFICATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby understand that I must successfully accomplish a physical as described in the county S.O.P. manual. This physical will be scheduled thru the Fire and EMS Administration no sooner than 6 weeks after initial vote and no later than the end of the 6 month probation period.

\_\_\_\_\_ Initials



V. EDUCATION

SECONDARY  
6 7 8 9 10 11 12

UNDER GRADUATE  
1 2 3 4

GRADUATE  
5 PLUS

VI. LIST 3 REFERENCES (Name, Address, Telephone Number, and Number of Years Known)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*I certify that all the information provided on this application is true and correct. I further understand that if any of this information is found to be false my membership and all associated benefits will be determined to be null and void.* \_\_\_\_\_ Initials

*In addition, I hereby authorize the county of Prince George to undertake a driver's license and criminal history check as well as any other personal background investigations during my term as a volunteer with Prince George County.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*\*\*IF APPLYING FOR JUNIOR MEMBERSHIP\*\*\*\*\***

We (I) as parents/legal guardians, fully understand, and give consent for \_\_\_\_\_  
Applicant's Name  
to apply and become a firefighter and/or crew member.

**CONSENT MUST BE NOTARIZED**

DATE: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature & Seal of Notary

REQUESTER INFORMATION			
REQUESTER NAME (Last)	First	MI	Suffix
STREET ADDRESS			ORGANIZATIONAL AFFILIATION
6602 Courts Drive			Prince George Fire & EMS
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
PRINCE GEORGE	VA	23875	(804 ) 722-8614
USE AGREEMENT NUMBER (if applicable)			FEDERAL TAX ID OR SSN
8409			
REASON FOR REQUEST (be specific)			
Volunteer/Employment			
<p>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>			
REQUESTER SIGNATURE			DATE (mm/dd/yyyy)
INFORMATION REQUESTED			
PERSONAL INFORMATION FOR SUBJECT			
SUBJECT NAME (print) (last)	(first)	(mi)	(suffix)
STREET ADDRESS			
CITY			
STATE		ZIP	
DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)			
DRIVER LICENSE NUMBER	or	BIRTH DATE (mm/dd/yyyy)	
<p>An authorization from subject is required for employers and others not authorized by Virginia Code.</p> <p>I AUTHORIZE THE DEPARTMENT OF MOTOR VEHICLES TO FURNISH, FOR AS LONG AS I AM A PENDING OR PARTICIPATING MEMBER, INFORMATION PERTAINING TO MY DRIVING RECORD TO THE REQUESTER IDENTIFIED ABOVE.</p>			
SUBJECT SIGNATURE		DATE	
VEHICLE INFORMATION (Includes vehicle description and registration data)			
VEHICLE MAKE		VEHICLE YEAR	
ACCIDENT REPORT			
DRIVER NAME	DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	

# CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

## PURPOSE OF THIS REQUEST (Check only one):

- ☐ ADOPTION-DOMESTIC      ☐ ADOPTION-INTERNATIONAL  
☐ VISA (INTERNATIONAL TRAVEL)      ☒ OTHER (please specify): Volunteer Service

## NAME INFORMATION TO BE SEARCHED:

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME

RACE

SEX

DATE OF BIRTH

(MM/DD/YYYY)

SOCIAL SECURITY NUMBER

## AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature of Person

State of \_\_\_\_\_, County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public

## SIGNATURE OF PERSON MAKING REQUEST:

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section I and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

Signature of Person Making Request

State of \_\_\_\_\_, County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public

## NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME

ATTENTION

ADDRESS

CITY

STATE ZIP CODE

## FEES FOR SERVICE:

### FEES:

- ☐ \$15.00 CRIMINAL HISTORY SEARCH  
☐ \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

### \* FEES For Volunteers with Non-Profit Organizations:

- ☐ \$8.00 CRIMINAL HISTORY SEARCH  
☒ \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

## METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

- ☐ Business or Certified Check or Money Order (payable to Virginia State Police)

- ☐ Charge Card      ☐ MasterCard       OR      ☐ Visa      

Account Number: - - -

Expiration Date: /

Signature of Cardholder: Volunteer Service

- ☐ Virginia State Police Charge Account Number:

Mail Request To:

Virginia State Police  
Central Criminal Records Exchange  
P.O. Box 85076  
Richmond, Virginia 23261-5076

## FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- ☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record  
☐ No Criminal Record – Name Search Only      ☐ No Criminal Record – Fingerprint Search  
☐ No Sex Offender Registration Record      ☐ Criminal Record Attached

Purpose code: ☐ C  
☐ N  
☐ O

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_



# ID Card Information Form

Prince George Fire & EMS

6602 Courts Dr. – 2<sup>nd</sup> Floor

Prince George, VA 23875

Phone: (804) 722-8614

Name (Last, First, MI): \_\_\_\_\_

Company: \_\_\_\_\_ Rank: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

(First letter of last name and last four of Social)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Picture number

**Admin Only**



## Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)



Voted in: \_\_\_\_\_ Medically Cleared: \_\_\_\_\_

New Member -  
Initial Order

<b>NAME:</b>	<b>RANK:</b> New Member		<b>DATE:</b>	<b>STATION:</b>
<b>PHONE CONTACT #</b> _____				
		PGFEMS		
Choose one (1) each: polo, t-shirt, EMS or station pants, job shirt, boots	SIZE	COST	VENDOR	ORDERED RECVD/ISSUED
S/S Polo (sizes Small - 4XLarge)		\$30.00	Witmer	
S/S T-shirt - # G200 (size S-4XLarge)		\$9.00	Peumansend Creek	
EMS Pants # 2- #F5285 -Lightweight Tactical (waist/inseam)		\$31.60	Witmer	
EMS Pants # F5286 (WOMEN's) Lightweight tactical (size/inseam)size 4-24		\$31.60	Witmer	
Station Pants - #HS 2361 (waist/inseam)		\$24.00	Witmer	
Station Pants - #HS 2363 WOMEN's (size/inseam) size 4-24		\$24.00	Witmer	
Job Shirt - Member WHITE Lettering (sizes Small - 4XLarge)		\$32.50	Witmer	
Mag/Belville Boots 5312- Size/Width (Mens 7M-15)		\$82.34	Lawmen's & Shooters	
Decrease 1.5 size for women's				
Example: women's size 9 is men's size 7.5				
TOTAL:				

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Approval: \_\_\_\_\_

DATE: \_\_\_\_\_

Notified Member/Dept to pick-up uniform items: \_\_\_\_\_(Date)