



City of Los Angeles Department of Fire & Police Pensions  
 360 East Second Street, Suite 400  
 Los Angeles, CA 90012  
 Telephone: (213) 978-4522, Fax: (213) 978-4450

**APPLICATION TO PURCHASE MILITARY SERVICE**  
 (Please submit this form in person to the above address)

Name: \_\_\_\_\_ Other Names  
           LAST                          FIRST                          MI          Used in the Past: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security No.: XXX - XX - \_\_\_\_\_ DOB: \_\_\_\_\_

Dept.: LAFD / LAPD / PORT (circle one)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I understand that the minimum amount of time that can be purchased under the Public Service Purchase (PSP) Program is six months of uninterrupted full-time service with an eligible public entity and that no more than a total of four years of service can be purchased.

I am applying to purchase public service with the following branch of the Armed Forces (complete as applicable):

**Military Service** with the \_\_\_\_\_ (branch) from \_\_\_\_\_ (date) through \_\_\_\_\_ (date).

**Please bring your original DD 214 with this form in order to verify this service and an honorable discharge. If you do not have your original DD 214, you must request a certified copy from the Veteran's Administration. Your original DD 214 will be returned to you upon verification by a staff member at our office.**

I am receiving or will be entitled to receive benefits for the time I am purchasing.

Yes \_\_\_\_\_ No \_\_\_\_\_;                    If yes, is this pension payable for Reserve duty? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize the Department of Fire and Police Pensions of the City of Los Angeles to obtain any information concerning my employment and pension benefits which may be required in connection with my application to establish the purchase of prior public service.

**Member's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



Please process my application to purchase public service based upon the information provided above. I understand that my purchase of service under the Public Service Purchase (PSP) Program is governed by the provisions of Los Angeles Administrative Code Section 4.2212 and that it is my responsibility to establish my eligibility to purchase service under this program.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**FOR PENSIONS DEPARTMENT USE ONLY**

Confirming review of original DD214:

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date