



## APPLICATION TO PURCHASE MILITARY SERVICE

**(Please submit this form along with your original DD 214 in person to Los Angeles Fire & Police Pension)**

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER LEGAL/MAIDEN NAME	SOCIAL SECURITY NUMBER XXX-XX-
DEPARTMENT <input type="checkbox"/> LAFD <input type="checkbox"/> LAPD <input type="checkbox"/> HARBOR <input type="checkbox"/> AIRPORT			TELEPHONE	E-MAIL
ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP CODE

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 BRANCH:	FROM: MONTH / DAY / YEAR	TO: MONTH / DAY / YEAR
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**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

### MEMBER SIGNATURE

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

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please mail or submit this form in person to:**

**Los Angeles Fire and Police Pension  
 Attn: Active Member Services**

**701 E. 3<sup>rd</sup> St., Suite 200  
 Los Angeles, CA 90013**

**Mail Stop: 390**

**Telephone: (844) 88-LAFPP  
 (213) 279-3140**

**Email: [amssection@lafpp.com](mailto:amssection@lafpp.com)**

