

**Prince George's County Volunteer Fire/EMS  
Length of Service Award Program  
Annual Certification**

**Department:** \_\_\_\_\_ **Station Number:** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_  
**Name** \_\_\_\_\_ **PGFD ID#** \_\_\_\_\_ **Social Security** \_\_\_\_\_  
**LOSAP Service Credit from the prior year** \_\_\_\_\_

Activity	Total Points	Total Losap Points
<b>1. TRAINING COURSES (25 pt. max.) List each course and hour per course.</b> A. _____ hrs. B. _____ hrs. C. _____ hrs.		
<b>2. DRILLS (25 pt. max. one point each)</b>		
<b>3. ATTENDANCE AT MEETINGS (25 pt. max. 1 point each).</b>		
<b>4. RESPONSES (40 pt. max. 1 point each)</b>		
<b>5. SLEEP-INS/STANDBYS (25 pt. max. 1 point each).</b> Total Sleep-Ins _____ (1 pt. ea.) Total Standbys _____ (1 pt. ea.)		
<b>6. ELECTED/APPOINTED POSITION (25 pt. max - 2.09 pts. per month)</b> Position served _____ months Position served _____ months Position served _____ months		
<b>7. ELECTED/APPOINTED POSITION – Chief / President / Fire Commissioner (50 pt. max - 4.18 pts. per month)</b> Position served _____ months		
<b>8 COLLATERAL DUTIES (25 pt. max. ) List duties and hours served.</b> A. _____ hrs. B. _____ hrs. C. _____ hrs.		
<b>9. MILITARY SERVICE (5 pts. per month, 50 pt. max.)</b> List number of months served during the fiscal year _____ Months		
<b>10. Total Points</b>		

Certified as a true and correct report. \_\_\_\_\_  
Company Secretary's Signature Date Service Credit  
End of Year