

Prerequisite for Alpine Fire Department

The Alpine Fire Department expects its members to be of upstanding character. We will do a background check on all applicants. All applicants must live within 1 mile of the city limits of Alpine. We do not accept members who have a felony charge, Class A or B misdemeanor, or conviction, or has any of the following:

D.W.I

Family Violence

Theft of persons or property

Assault

Contributing alcohol to minors

Date _____

I certify that I do not have any of the following arrests or charges _____

ALPINE VOLUNTEER FIRE DEPARTMENT
100 N. 13TH STREET ALPINE, TEXAS 79830
FIRE STATION (432) 837-2366

APPLICATION FOR MEMBERSHIP IN THE ALPINE VOLUNTEER FIRE DEPARTMENT

TODAY'S DATE _____

FULL NAME (FIRST, MIDDLE, LAST) _____

CURRENT ALPINE HOME MAILING ADDRESS _____

CURRENT ALPINE PHYSICAL ADDRESS _____

HOME ADDRESS (IF STUDENT) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

OCCUPATION _____ EMPLOYER _____

SOCIAL SECURITY # _____ DOB _____

TX DRIVER'S LIC. # AND CLASS _____

HEIGHT _____ WEIGHT _____ GENERAL HEALTH STATUS _____

DO YOU HAVE ANY PROBLEMS THAT MIGHT INTERFERE WITH YOUR SERVING ON THE FIRE DEPARTMENT? _____
(IF "YES" EXPLAIN BACK OF APPLICATION)

HAVE YOU EVER HAD ANY SERIOUS HEALTH PROBLEMS ? _____

IF YES, PLEASE LIST. _____

MARITAL STATUS _____ SPOUSE'S NAME _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY/RELATIONSHIP _____

ADDRESS _____ PHONE# HOME/CELL/AND WORK _____

NAME/ADDRESS/PHONE OF ANOTHER FAMILY MEMBER _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____

IF YES EXPLAIN CHARGES? _____

PREVIOUS FIRE DEPT EXPERIENCE/CERTIFICATIONS: _____

IF ACCEPTED AS A MEMBER, I AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE AVFD. AND FURTHER AGREE TO RETURN ALL EQUIPMENT ISSUED TO ME BY THE DEPARTMENT UPON LEAVING THE FIRE DEPARTMENT AS AN ACTIVE MEMBER. I ALSO AUTHORIZE THE AVFD TO PERFORM ANY NECESSARY BACKGROUND, CRIMINAL, OR DRIVER'S LICENSE CHECKS THAT MAY NEED TO BE DONE.

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____ DATE ACCEPTED AS A PROBATIONARY MEMBER: _____

DATE AS FULL MEMBER: _____ DATE OF RESIGNATION OR TERMINATION: _____

**ALPINE VOLUNTEER FIRE DEPARTMENT
MEDICAL HISTORY**

NAME _____

AGE _____

To be completed by the firefighter prior to undergoing the physical examination.

DO YOU HAVE PREVIOUS HISTORY OF:

	YES	NO
A. Bleeding tendencies	_____	_____
B. Head injuries or seizures	_____	_____
C. Asthma	_____	_____
D. High blood pressure	_____	_____
E. Rheumatic fever	_____	_____
F. Skin disease	_____	_____
G. Do you take medication regularly (If yes, specify drug and illness requiring such drug.) _____	_____	_____
H. Allergies	_____	_____
I. Back injury / Neck injury	_____	_____
J. Bone /Joint injury or disease	_____	_____
K. Problems with hearing	_____	_____
L. Heart disease	_____	_____
M. Diabetes	_____	_____
N. Been treated by Psychiatrist	_____	_____
O. Had a Surgical Operation	_____	_____
P. Chest discomfort	_____	_____
Q. Shortness of breath	_____	_____

I certify this information is true and correct to the best of my knowledge.

SIGNATURE _____

DATE _____

ALPINE VOLUNTEER FIRE DEPARTMENT
ASSESSMENT OF FUNCTIONAL CAPACITY

NAME _____

DATE _____

I. WORKING CONDITIONS: (Check any conditions to be avoided)

1. High humidity _____
2. Dry _____
3. Dusty _____
4. Marked temperature changes _____
5. Other _____

II. LIFT, CARRY, PUSH, PULL: (Check One)

1. 10 lbs. frequently; 20 lbs. occasionally _____
2. 25 lbs. frequently; 50 lbs. occasionally _____
3. 50 lbs. frequently; 100 lbs. occasionally _____

III. REACH, HANDLE, FINGER, FEEL: (Circle One)

Firefighter can use hands and arms for repetitive:

- | | | | |
|----|---------------------|-----|----|
| A. | Simple grasping | Yes | No |
| B. | Simple manipulation | Yes | No |

IV. USE OF FEET: (Circle one)

Firefighter can use feet for repetitive movements as in operating foot controls:

Yes No

V. USE OF TRUNK AND LIMBS: (Check one)

Firefighter should be able:	Frequently	Occasionally	Not at all
Bend, Lift, Kneel, Crouch, Crawl	_____	_____	_____
Climb and Balance	_____	_____	_____

VI. PLEASE COMMENT ON OTHER FUNCTIONAL LIMITATIONS: _____

I certify this information is true and correct to the best of my knowledge.

SIGNATURE _____

DATE _____

CITY OF ALPINE
DRUG AND ALCOHOL POLICY

STATEMENT OF PURPOSE

The City of Alpine recognizes that drug and alcohol abuse in the workplace is a major health and safety concern and is committed to providing a safe and drug-free work setting for all employees.

The use, abuse, and or misuse of drugs or alcohol can impair an employee's ability to perform assigned duties and may endanger the employee, co-workers and the public. This policy is intended to prevent the use, abuse and misuse of drugs and alcohol by employees and to comply with Section 7.10 of the Texas Workers' Compensation Act and the Drug-Free Workplace Act.

GENERAL POLICY PROVISIONS

This policy applies to all City employees regardless of rank or position and includes temporary and part-time employees and all other volunteers covered under Workers' Compensation. The policy covers all city premises including offices and parking lots and all City property including lockers, desks and vehicles.

Employees are expected and required to report to work fit for duty: that is, in appropriate mental and physical condition to perform their job duties. Being under the influence of alcohol and or illegal drugs while on City premises or while engaged in work for the City is prohibited.

The possession, use, sale, transfer or manufacture of illegal drugs and or alcohol while on City premises or while engaged in work for the City is also prohibited.

The unauthorized use or possession of prescription drugs on City premises is prohibited. An employee taking any prescription must inform the supervisor of the possible effects of such medication regarding their job performance and mental/physical capabilities.

Employees must not report for duty or be on City premises while under the influence or having in their possession any illegal drug, inhalant, alcoholic beverage or unauthorized prescription drug.

Switching, adulterating or attempting to tamper with any sample submitted for medical testing or otherwise interfering or attempting to interfere with the testing process is prohibited.

VIOLATIONS OF POLICY

Violations of this drug abuse policy by an employee will result in one of the following forms of corrective action:

- a) Immediate discharge
- b) Suspension
- c) Probation
- d) Oral and or written warning

The Officers of the Department will determine the corrective action based upon the seriousness of the infraction. The past record of the employee, and the circumstances surrounding the matter will be part of the consideration.

Refusal by an employee to submit to any drug screening test authorized by this policy shall be considered reason for disciplinary action up to and including termination.

EMPLOYEE ASSISTANCE

Alcoholism and other drug addictions are recognized as diseases responsive to proper treatment. Employees needing help in dealing with substance abuse or addiction problems (including illegal drugs and alcohol) are encouraged to seek appropriate assistance.

Treatment or rehabilitation costs may be covered in part by the group health insurance provided by the City for employees. Employees should consult the policy for specific details. Employees shall be eligible to utilize sick and vacation leave as needed in seeking treatment as approved by the immediate supervisor.

The City of Alpine does not offer nor require participation in drug and alcohol abuse education programs. However, various public and private facilities in the area offer such programs and affected employees are encouraged to seek assistance.

DRUG TESTING

The City of Alpine requires that the following types of drug screening tests be done for all employees:

- pre-employment
- post-accident
- reasonable suspicion

PRE-EMPLOYMENT TESTING

All new employees will be required to undergo drug testing as part of the screening process. Applicants will receive written notice that employment with the City of Alpine will be contingent upon a negative drug test result. Refusal to give written consent for testing will disqualify the applicant from consideration for employment.

Testing will be limited to the top applicant. The applicant will be referred to the designated medical facility for testing. Applicants will present the signed testing consent form to the facility personnel. Applicant screening tests will be performed on blood and urine samples.

POST-ACCIDENT TESTING

Any employee involved in a work-related accident which involves an injury to himself or to another or which involves property damage will be required to undergo drug testing for alcohol and illegal drugs. Drug testing shall be done immediately. Employees will be transported to the test site.

All reasonable steps will be taken to obtain both urine and blood samples from an employee after an accident. In the case of a conscious but hospitalized employee, the hospital or medical facility will be requested to obtain a sample. If an employee is unconscious or otherwise unable to consent to the procedure, the medical facility shall collect the sample.

If an employee who is subject to post-accident testing is conscious, able to urinate normally (in the opinion of a medical professional) and refuses to be tested, that employee will be removed from duty and subject to discipline up to and including termination.

REASONABLE SUSPICION

The City may require an employee to undergo drug testing if there is reasonable suspicion that the employee is under the influence of drugs during working hours. "Reasonable suspicion" means a belief based on specific facts and reasonable inferences drawn from those facts that an employee is under the influence of drugs and/or alcohol.

Circumstances which constitute a basis for determining "reasonable suspicion" may include, but are not limited to:

- abnormal or erratic behavior
- odor of alcohol or marijuana
- recent history of alcohol and/or drug use
- an unusual work-related accident or injury
- frequent absenteeism, tardiness, and/or leaving work early
- confusion, difficulty concentrating, and/or pronounced mood changes
- a medical emergency that can be attributed to alcohol and/or drug use
- admission of intoxication or being under the influence of abused or illegal drugs

- admission of intoxication or being under the influence of abused or illegal drugs
- documented deterioration in the employee's job performance
- presence of physical symptoms of drug or alcohol use (glassy or bloodshot eyes, slurred speech, poor coordination or reflexes)
- direct observation of alcohol use or possession while on duty or on call
- direct observation of unlawful manufacturing, distributing, dispensing, possession or use of illegal drugs while on duty or call

Supervisors are required to detail in writing the specific facts, symptoms, or observations which form the basis for the determination that reasonable suspicion existed to warrant the testing of an employee. An employee shall not be subject to drug testing without the confirmation of the head Supervisor.

DRUG TESTING PROCEDURES

All drug testing of employees required by the city shall be conducted by a designated medical facility (Big Bend Regional Medical Center). A signed testing consent form must be presented to the facility personnel.

Tests will be performed on blood and/or urine samples. Samples will be collected under the supervision of the medical facility personnel according to established procedures. Urine samples will be provided in a private rest room stall or similar enclosure so that the employee/applicant may not be viewed. Street clothes, bags, briefcases, purses and all other containers may not be carried into the testing area.

The employee/applicant will see the sample labeled and sealed for shipping by the testing official. Both the employee/applicant and the testing personnel will sign a chain of custody document. All standard chain of custody procedures will be observed to insure proper identification, labeling and handling of samples.

At the time of testing, the employee/applicant will be given a form on which to list any medications that have been taken during the past 30 days and/or to list any other legitimate reasons for having been exposed to drugs during that time. The form will be placed in a sealed envelope that will not be opened unless the test is positive.

Blood samples will be used to screen for ethanol (ethyl alcohol). Urine samples will be used to screen for amphetamines, barbiturates, cocaine, marijuana, phencyclidine (PCP), and opiates.

Positive test levels for amphetamines, barbiturates, cocaine, marijuana, PCP, and opiates shall be those standard for the lab and its testing procedures. Positive test levels for blood ethanol shall be .08. Positive test results will be confirmed by a second test using the same blood and /or urine sample.

Test results will be held in strictest confidence. Results will be delivered only to the Chief or his designee. The test results will be released only if required by court order from any court of competent jurisdiction or upon written request of the applicant/applicant.

An employee/applicant will be notified of a positive test result in writing by the Chief. The letter of notification shall identify the particular substance found and its concentration level. An employee/applicant whose second test result confirms the original positive test result may request at his own expense a third test conducted on the original sample, except in the case of blood ethanol.

The result of a positive drug test will not be released until the results are confirmed. The records of unconfirmed positive test results and negative test results shall be handled in strictest confidence and in accordance with all applicable laws and regulations.

Dissemination of information relating to the results of any drug testing conducted on any employee or applicant to any person who has no need to know will result in disciplinary action up to and including termination of the person disseminating the information.

REFUSAL TO TEST

Any employee refusing to submit to a required drug use screening test, including refusal to sign the testing consent form, may be removed from his/her position and be subject to disciplinary action up to and including immediate discharge.

Each person will receive a copy of the City's Drug and Alcohol Abuse policy, and will be required to sign a statement of acknowledgment stating that they have received a copy of the policy as a part of the terms and conditions of employment.

ADDITIONAL STATEMENTS

Any member arrested, charged or convicted of Driving While Intoxicated, Driving Under the Influence of Alcohol or Drugs, Contributing to Minors or Public Intoxication (but not limited to) will be dismissed from the Alpine Fire Department.

ALPINE VOLUNTEER FIRE DEPARTMENT
DRUG AND ALCOHOL POLICY
ACKNOWLEDGMENT FORM

A.V.F.D. MEMBER NAME: _____

SOCIAL SECURITY NUMBER: _____

MEMBER ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Drug and Alcohol Policy adopted by the City of Alpine. I understand that it is my responsibility to familiarize myself with the provisions of this policy. I also acknowledge that the provisions of the Policy are part of the terms and conditions of my membership with the Alpine Volunteer Fire Department and that I agree to abide by them. Members will abide by any and all State and Local Laws regarding alcohol usage. Any infraction of this Policy will result in disciplinary action and may be grounds for immediate dismissal.

MEMBER SIGNATURE: _____ DATE: _____

Keep Drug and Alcohol Policy. Sign and return this acknowledgment with AVFD application.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).

3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See **Exempt payee code** on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see **Social rules for partnerships** above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See **Exemption from FATCA reporting code** on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 9832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for ...	THEN the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ¹
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ¹
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN if you have one, but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title. Also see *Special rules for partnerships* on page 2.

⁵ Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4555, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDENTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Texas Emergency Services Retirement System
Form 502 Personnel Record Instructions**

This form is used by all new members entering the TERS system, *if you are an active member and need to make an update to your status, please fill out Form 503*

Member Information:

Enter your full legal name (no nicknames), current mailing address, date of birth, sex, marital status and email

Beneficiaries: This is who gets your lump sum benefit if you die. The lump sum percentage may not exceed 100%

Primary Beneficiaries - if you are married you must list your spouse at 100%, if you do not, spouse must give consent, see line 7

Secondary Beneficiaries - members must identify secondary beneficiaries that will receive lump sum death benefits, only if all primary beneficiaries are deceased.



- 6. Member Must sign and date form
- 9. Form must be signed and dated by the Local Board Chairman, Vice Chairman or Secretary and returned to TERS

Enter in the Following Service Information

- Department name
- Date you joined the department,
- Entry date into pension system (for most departments, members enter system upon joining the department*)
- Certification of Physical Fitness

**Departments with a probationary period may delay entry into the pension system for up to 6 months.*

Spousal Consent:
Only fill out if you married and your spouse is not listed as your primary beneficiary at 100%, they must sign line

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 502 - PERSONNEL RECORD**

PLEASE PRINT THE ORIGINAL NAME AND ADDRESS OF THE MEMBER AT THE BOTTOM OF THE PAGE. THE DEPARTMENT NUMBER IS A NUMBER OF FROM 000000 TO 999999. PLEASE PRINT THE FULL NAME OF THE MEMBER.

NAME (Last, First, MI) Public, John, M.	LOCAL ID NUMBER 545-16-2518
MAILING ADDRESS 503 Main Street	DATE OF BIRTH A-6-1947
CITY STATE ZIP Houston, TX 77001	SEX M
PHONE NO. 713-217-1234	MARITAL STATUS MARRIED
EMAIL ADDRESS John.M.Public@City.com	
MEMBER ENTRY DATE INTO THE PENSION PLAN 3-01-2014	
MEMBER ENTRY DATE INTO THE PENSION SYSTEM 3-01-2014	
CERTIFICATION OF PHYSICAL FITNESS DATE (ACCEPTED BY LOCAL BOARD) 3-01-2014	

NAME (Last, First, MI)	PERCENTAGE	RELATIONSHIP	DATE OF BIRTH	DATE OF DEATH
Public, John, M.	50%	Spouse	A-6-1947	
Public, Mary, S.	50%	Spouse	A-6-1947	
Public, John, M.		Spouse	A-6-1947	
Public, Mary, S.		Spouse	A-6-1947	

MEMBER SIGNATURE: *John M. Public* DATE: *3-01-2014*

LOCAL BOARD SECRETARY SIGNATURE: *Robert Parker* DATE: *3-01-2014*

LOCAL BOARD SECRETARY NAME: *Robert Parker*

LOCAL BOARD SECRETARY ADDRESS: *123 Main Street, Houston, TX 77001*

LOCAL BOARD SECRETARY PHONE: *713-217-1234*

LOCAL BOARD SECRETARY EMAIL: *Robert.Parker@City.com*

MEMBER SIGNATURE: *John M. Public* DATE: *3-01-2014*

LOCAL BOARD SECRETARY SIGNATURE: *Robert Parker* DATE: *3-01-2014*

LOCAL BOARD SECRETARY NAME: *Robert Parker*

LOCAL BOARD SECRETARY ADDRESS: *123 Main Street, Houston, TX 77001*

LOCAL BOARD SECRETARY PHONE: *713-217-1234*

LOCAL BOARD SECRETARY EMAIL: *Robert.Parker@City.com*

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 502 – PERSONNEL RECORD**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.
THE DEPARTMENT MUST HAVE A CERTIFICATE OF PHYSICAL FITNESS ON FILE FOR THE FOLLOWING MEMBER.

1. MEMBER INFORMATION:				
NAME (Last, First, MI)		SOCIAL SECURITY NO		
MAILING ADDRESS		DATE OF BIRTH		
CITY STATE ZIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PHONE NO		MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
Email Address				
2. SERVICE INFORMATION: <i>Please include department name in this section</i>				
Department Name	MEMBER ENTRY DATE INTO THE DEPARTMENT			
	MEMBER ENTRY DATE INTO THE PENSION SYSTEM			
CERTIFICATION OF PHYSICAL FITNESS (DATE ACCEPTED BY LOCAL BOARD)				
3. PRIOR SERVICE INFORMATION:				
ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN TERS?	YES	NO	DEPARTMENT NAME:	
4. PRIMARY BENEFICIARIES: <i>(If married and designating any beneficiary other than spouse, complete Spousal Consent below.)</i>				
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)	DATE OF BIRTH
5. SECONDARY BENEFICIARIES: <i>(Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)</i>				
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)	DATE OF BIRTH
6. MEMBER'S SIGNATURE:				
BY MY SIGNATURE, I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT. I acknowledge that the above beneficiary designations revoke all previous beneficiary designations and any lump sum death benefits due be paid to the person(s) named above at the percentages I have assigned.				
X				DATE OF SIGNATURE
7. MEMBER CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:				
ONLY COMPLETE THIS SECTION IF YOU ARE MARRIED AND DESIGNATING ANY BENEFICIARY OTHER THAN YOUR SPOUSE				
MEMBER: By my signature, I certify that I am married to the individual named below:				
NAME:		DATE OF BIRTH:		SOCIAL SECURITY NO
X				DATE OF SIGNATURE
SPOUSE: By my signature, I certify that I am married to the member named above. I give my consent to the beneficiary designations made by my spouse as delineated above.				
X				DATE OF SIGNATURE
8. CERTIFICATION BY LOCAL BOARD CHAIRMAN, VICE-CHAIRMAN, OR SECRETARY				
By my signature, I certify that the member named above is personally known to me to be the person whose name is subscribed within this instrument and that the member named above indicated to me that this instrument was executed for the purposes herein expressed.				
BOARD OFFICER'S SIGNATURE	BOARD OFFICER'S PRINTED NAME	BOARD OFFICER'S TITLE	DATE OF SIGNATURE	
X				