



SAFER Grant Project Participation Affidavit

Maryland State Firemen's Association

Project Name: Firefighter Physicals

Individual Participating _____

Address: _____

Cell Phone: _____ Fire Company Phone: _____

Fire Company Name: _____

Fire Company County: _____ FID# _____

Date of Project: _____

I, _____, hereby attest that I have received approval by my, **Fire Chief, President or Deputy Fire Chief** (please list the name of approving Officer _____) to receive a firefighter physical as approved by the MSFA and that meets the NFPA 1582 standard for a physical.

I attest that I have been a member of the department for less than one year and our department and/ or county association **do not** offer firefighter physicals for new or existing members. I, therefore, request reimbursement as approved by the Oversight Commit of the MSFA Safer Grant.

Amount of Physical Reimbursement: \$ _____

(Receipts must be included for travel, lodging, program fees etc...)

This affidavit must be witnessed, dated and signed by an authorized committee representative from the organization presenting the program.

Signature of Fire Chief/Deputy Fire Chief or President of your department: _____

Name of Committee Member/Representative: _____

Signature of Committee Member/Representative: _____

Date: _____