

# INSTRUCTIONS

## Affiant

The affiant is a person making a **voluntary declaration of facts** in a written statement and **signing it under oath**. On this form, the affiant must be a member of the department who has the authority to make a declaration concerning another individual's tenure with the organization. **In most cases, this will be the chief or administrative head of the department. THIS FORM CANNOT BE SELF-SERVING, MUST BE COMPLETED BY SOMEONE OTHER THAN INDIVIDUAL.**

### Paragraph A: Past Member

Check and complete Paragraph A to state only the actual time that a person **was** a member of the department. Fill in the department members name and beginning and ending dates with the department.

### Paragraph B: Current Member

Check and complete Paragraph B if a person **is still** a member of the department. Fill in the department member's name and beginning date with the department.

### Paragraph C: Member Record Documentation

Check and complete Paragraph C **when attaching copies of department records** or summarizing the contents of a department's records. Fill in the departments' name and number of pages of department record copies or summary pages supplied.

**NOTE** - In order to receive credit for years of service for volunteer firefighting as a member of a volunteer fire department **within the State of Texas** which may have occurred prior to an individual's TCFP Basic Certification date, documentation of State Fireman's and Fire Marshal's Association Advanced Firefighter certification and documentation of completed medical training to the level required by the Texas Commission on Fire Protection must also be submitted. Documented medical training must include a date of completion or a beginning date of certification. This date must coincide with the State Fireman's and Fire Marshal's Association advanced firefighter certification. The documentation must accompany this Affidavit.

**In order to receive credit for years of service for firefighting (as a member of a volunteer or paid fire department) outside the State of Texas** which may have occurred prior to an individual's TCFP Basic Certification date, documentation of certification to the level of NFPA 1001 Firefighter 2 and documentation of completed medical training to the level required by the Texas Commission on Fire Protection must also be submitted. Documented medical training must include a date of completion or a beginning date of certification. This date must coincide with the documented firefighter certification date. If the firefighter training documentation is **other than IFSAC accredited 017 (Assurance of Training)** must accompany this Affidavit and other documentation.

training, form TCFP

### How to Submit:

This form along with all supporting documents must be submitted directly to your FIDO account. Navigate to the **submissions** page, and upload under the **service time affidavits** section. **All Incomplete submissions will be DENIED by TCFP and will not be processed. You will be required to resubmit ALL REQUIRED DOCUMENTS again if DENIED. TCFP will NOT accept partial submissions.**

**Texas Commission on  
Fire Protection  
Fire Service Standards & Certification Division**

(Date received & date processed sections are reserved for agency use only)

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this day, \_\_\_\_\_ (Affiant), appeared before me, the undersigned notary public, and after I administered an oath to the said affiant, upon the affiant's oath the affiant declared:

"My name is \_\_\_\_\_ (Affiant). I am capable of making this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct".

I am the \_\_\_\_\_ (Title)  
of the \_\_\_\_\_ (Name of Fire Department, Organization or Entity)  
located at \_\_\_\_\_ (Fire Department, Organization or Entity Address).

**Check and complete only the following paragraphs that apply**

**A. Information concerning Past Member:**

" \_\_\_\_\_ (Member's name),  
TCFP PIN number \_\_\_\_\_,  
joined the \_\_\_\_\_ (Name of Fire Department, Organization or Entity)  
on \_\_\_\_\_ (date), and was a member in good standing until \_\_\_\_\_ (date)"

**B. Information concerning Current Member:**

" \_\_\_\_\_ (member's name),  
TCFP PIN number \_\_\_\_\_,  
joined the \_\_\_\_\_ (Name of Fire Department, Organization or Entity)  
on \_\_\_\_\_ (date), and is currently a member in good standing."

**C. Member Record Documentation, if applicable:**

"I am the custodian of the records of the \_\_\_\_\_ (Name of Fire Department, Organization or Entity). Attached to this affidavit are \_\_\_\_\_ (Number of Pages) pages of records from the above named organization. These records are kept by the above named organization in the regular course of business, and it was the regular course of business of the above named organization for a member, employee or representative of the above named organization, with knowledge of the act or event that was recorded, to make the record or to transmit the information to be included in this record. The record was made at or near the time or reasonably soon after the act or event that was recorded. The records attached to this affidavit are an exact duplicate of the original, or I personally reviewed the records and attached is a true and correct summary or abstract of the records."  
(Summarize the relevant facts contained in the documents attached hereto.)

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_