

QUALIFYING REPORT
Arizona Public Safety Personnel Retirement System

Name of Department or District. _____

Mailing Address: _____ City _____ Arizona, Zip Code _____

Report of Fund for Fiscal Year Ended _____

Signature of Preparer: _____ Printed Name: _____

Business Address: _____ City: _____ Arizona, Zip Code _____

Business Hours Telephone Number _____ Email Address: _____

BOARD CHAIRPERSON: _____

REPORTING REQUIREMENTS

A COPY OF THIS REPORT AND A COPY OF THE ANNUAL AUDIT SHALL BE SUBMITTED TO

<http://dfbls.az.gov/OFM/PSPVFPRFApplication.aspx>

(A.R.S. § 9-956, Subsection C).

AND HARD COPY SENT TO:

Department of Library, Archives and Public Records, State Capitol, 1700 West Washington, Phoenix, AZ 85007.

If the annual pension fund report is not received by the State Fire Marshal by the CLOSE OF BUSINESS on January 31, the participating Department is not eligible to receive its share of fire insurance premium tax monies under section 9-952. A.R.S. § 9-956, (D).

This report is used by the Office of State Fire Marshal to certify to the Arizona State Treasurer that the Fire Department or Fire District listed above is a participant to the Arizona Public Safety Personnel System. A.R.S. § 9-953.