

Association Number: _____

Physical Test Number: _____

Company Number: _____

Line Number: _____

Date Issued: _____

Certificate issued to: _____

Address: _____

Name of Fire Company: _____

Town or City: _____

Date of joining Company: _____

Date of Exemption: _____

Certificates signed by following Governing Officials:

Filed with County Clerk: _____

Filed with State Association: _____

Remarks: _____

Local Relief Secretary Copy

Form 111-A
09/2016

Association Number: _____

Physical Test Number: _____

Company Number: _____

Line Number: _____

CERTIFICATE OF EXEMPTION

To be filed in the office of the New Jersey State Firemen's Association

IT IS HEREBY CERTIFIED that _____, a member of the _____ Fire Department, has served the required number of years as an active firefighter and is entitled to this Certificate of Exemption pursuant to Laws of 1971 – Chapter 197, as amended Laws 1977 – Chapter 248, as amended – Laws of 1983 – Chapter 413 and 40A:14-56.

Date of joining Company: _____

Date when member became Exempt: _____

Record of prior service (if any): _____

Date of issue: _____

Attest: _____ (SEAL)

Municipal Clerk

Chief of Fire Department

Chief Executive Officer of Municipality

Duplicate of original certificate filed in office of County Clerk on the _____ day of _____ (month) (year)

County Clerk

New Jersey State Firemen's Association Copy

Form 111-B
09/2016

CERTIFICATE OF EXEMPTION

IT IS HEREBY CERTIFIED that _____, a member of the _____ Fire Department, has served the required number of years as an active firefighter and is entitled to this Certificate of Exemption pursuant to Laws of 1971 – Chapter 197, as amended Laws 1977 – Chapter 248, as amended – Laws of 1983 – Chapter 413 and 40A:14-56.

Date when member became Exempt:

Record of prior service (if any):

Date of issue:

Attest: _____ (SEAL)

Municipal Clerk

Chief of Fire Department

Chief Executive Officer of Municipality

Filed in the office of the Clerk of _____ County

County Clerk

Association Number:

Company Number:

Line Number:

Date:

Form 111-C
09/2016

Firefighter Copy

Association Number:

Physical Test Number:

Company Number:

Line Number:

CERTIFICATE OF EXEMPTION

For County Clerk's Record

IT IS HEREBY CERTIFIED that _____, a member of the _____ Fire Department, has served the required number of years as an active firefighter and is entitled to this Certificate of Exemption pursuant to Laws of 1971 – Chapter 197, as amended Laws 1977 – Chapter 248, as amended – Laws of 1983 – Chapter 413 and 40A:14-56.

Date of joining Company:

Date when member became Exempt:

Record of prior service (if any):

Date of issue:

Attest: _____ (SEAL)

Municipal Clerk

Chief of Fire Department

Chief Executive Officer of Municipality

Note: This certificate to be filed in the office of County Clerk within 60 days of issuance.

County Clerk Copy

Form 111-D
09/2016