

REGINA K. PUCKETT  
COMMISSIONER OF THE REVENUE  
10459 COURTHOUSE ROAD SUITE 101  
KING GEORGE VA 22485  
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CERTIFICATION  
OF VOLUNTEER RESCUE AND/OR FIRE COMPANY  
ACTIVE AND AUXILIARY MEMBERS

All persons claiming the special tax classification for volunteer Fire and Rescue Department members under the King George County Ordinance, needs to complete this certification form and return to the Commissioner of the Revenue's office on or before February 1, 2024

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell/Alternative Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Active / Auxiliary (circle one)  
Fire / Rescue Company Name \_\_\_\_\_ Company # \_\_\_\_\_

**\*\*PLEASE NOTE: VEHICLE MUST HAVE YOUR NAME LISTED ON THE TITLE\*\***

Vehicle Year \_\_\_\_\_ Make/Model \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_ State Tag Number \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

I certify that, \_\_\_\_\_ is an active or auxiliary

Member of \_\_\_\_\_ Fire / Rescue Company

and **REGULARLY USES THE ABOVE VEHICLE TO RESPOND TO EMERGENCY CALLS OR REGULARY PERFORMS OTHER DUTIES** for the above named Fire / Rescue Company.

Signature of County Fire/Rescue Chief \_\_\_\_\_ Date \_\_\_\_\_

**\*\*IMPORTANT\*\*** All forms must be complete when received by our office. Any form submitted with incomplete or missing information **WILL NOT** be certified for the special tax classification. We will not make follow up phone calls for missing information. Please contact our office if you have further questions or concerns.