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### Certification of Prior Employment in a Hazardous Duty Position

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>				

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

#### SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### SECTION 2: INSTRUCTIONS

Employees in hazardous duty positions, as defined by R.S. 11:612(2), prior to January 1, 2011, are eligible to join the new Hazardous Duty Services Plan. For employees enrolled as rank-and-file members, it is necessary for their employing agency to certify whether or not they held a position qualified as hazardous duty.

#### SECTION 3: CERTIFICATION OF PRIOR EMPLOYMENT (to be completed by the agency)

Has this employee been employed in a hazardous duty position as defined in R.S. 11:612(2)?  Yes  No

If yes, complete the position information on the line below.

Hire Date in Hazardous Duty Position	Termination Date (if applicable)	Hazardous Duty Position Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Personnel Officer	Title	Name of Agency	Agency 3 digit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Personnel Officer Email Address	Daytime Area Code/Phone Number
<input type="text"/>	<input type="text"/>

Signature of Personnel Officer	Date
<input type="text"/>	<input type="text"/>