

Date: _____

State of Louisiana
Department of Revenue
PO Box 201
Baton Rouge, LA 70821

RE: Recreation Volunteer and Volunteer Firefighter
Deduction Act of 2007 Legislative Regular Session

To Whom It May Concern:

Please allow this correspondence to serve as certification that the referenced volunteer firefighter has met the following requirements of the above reference act:

- 1) Served as a volunteer firefighter for thirty (30) or more hours during the taxable year and was not compensated for these services
- 2) Registered with the fire department as a volunteer.
- 3) Completed twenty-four (24) hours of continuing education annually.
- 4) Is an active member of the Louisiana State Firemen's Association or on the fire department personnel roster for the State Fire Marshal's Volunteer Fireman's Insurance Program.

Volunteer Firefighter Name: _____

Volunteer Firefighter Address: _____

City State Zip

Social Security Number: _____

Certifying Fire Chief Signature: _____

Certifying Fire Chief Name (printed): _____

Fire Department Name: _____

Fire Department ID (FDID): _____

Parish: _____

Department Address: _____

City State Zip