

**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).

If the annual pension fund report is not received by the State Fire Marshal by the CLOSE OF BUSINESS on March 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.