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 SENT TO:
(A.R.S. § 9-956, Subsection C).

Office of the State Fire Marshal, 1110 West Washington, Suite #100, Phoenix, Arizona 85007
AND
Department of Library, Archives and Public Records, State Capitol, 1700 West Washington, Phoenix, AZ 85007.

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