



11410 SW 68th Parkway, Tigard OR 97223  
Mailing Address – PO Box 23700, Tigard OR 97281-3700  
Toll free – 888-320-7377 Fax – 503-598-0561  
Website – <https://oregon.gov/pers>

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## Instructions for Certification of Forest Protective Association Employee’s Service

**Important: Read instructions before you complete and submit this application.**

### To qualify:

You must have been employed by the Forest Protective Association (FPA) when the association was under contract or cooperative agreement with the State Forester or State Board of Forestry.

You must have transferred directly from the FPA to a similar employment position with State Forestry.

This form does not entitle you to a benefit estimate. Use the PERS [Tier One/Tier Two Estimate Request](#) form for an estimate of benefits.

### General information

- Type or print clearly in dark ink. An illegible form could be returned, which could delay your request.
- Do not change anything on the form, alterations will void the form.
- Once the form is completed by the member and applicable employers, sign, date, and mail the form to PERS at PO Box 23700, Tigard OR 97281-3700.

### Section A: Member information

- Fill in the applicant information section completely.
- Enter your PERS ID number. If you do not know your PERS ID number, leave the space provided blank. Your PERS ID number can be found on your annual statement(s).
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you do not provide either your PERS number or SSN, it could take PERS staff longer to process your form.
- Enter your date of birth.
- Enter your home, work, and cell phone numbers. Please include the area code. Include an extension number if you have one.

### Section B: FPA employer information (to be completed by member)

- Fill out this section completely.

### Section C: Member authorization

- Enter the number of months and years you want to purchase.
- Enter the month and year you want the purchase to be effective.
- After you have completed Section C, submit this form to each of your FPA employers.
- For more information visit: [PERS: Tier One/Tier Two purchases: FPA members: State of Oregon.](#)



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## Certification of Forest Protective Association Employee's Service

### Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to member. This could delay your request.)

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Personal email	

### Section B: FPA information (to be completed by member)

Former employer name	
Employment began (mm/dd/yyyy)	Employment ended (mm/dd/yyyy)
Other names used with former employer	

### Section C: Member authorization

I wish to purchase \_\_\_\_\_ years \_\_\_\_\_ months of retirement credit for employment as an FPA employee.

I authorize the public employer and retirement system to release any information the Oregon Public Employee Retirement System requests pertaining to my request for retirement credit.

I would like the date of this purchase to be effective \_\_\_\_\_ 1, \_\_\_\_\_  
 (Month) (Year)

\_\_\_\_\_  
**Member signature (Do not print)** **Date**

\*Providing your Social Security number (SSN) is voluntary; It will be used for confirmation purposes. If are unable to provide a PERS ID number . If you do not provide either your PERS number or SSN, it could take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling 888-320-7377 or TTY 503-603-7766.

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

**Section D: FPA purchase (To be completed by Oregon Department of Forestry)**

The member named in Section A of this form is a member of the Oregon Public Employees Retirement System (PERS) and wishes to purchase retirement credit for FPA service. Please complete this section for service rendered by the member named in Section A. Your prompt response is requested to avoid an unnecessary delay in the retirement process.

Name of employer	Term of service						Full-time	Part-time	If part-time, full-time equivalent	Number of months served
	From			To						
	Month	Day	Year	Month	Day	Year				

I certify the member named in Section A was employed with the FPA during the term of service listed above.

From the official records of \_\_\_\_\_  
Name of public employer

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Section E: This section must be completed and signed by the Oregon Department of Forestry**

I verify that this employee transferred directly from an FPA to State Forestry.  Yes  No

From the official records of \_\_\_\_\_  
Name of public employer

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to the member named in Section A.**

The member is responsible for obtaining the certification and submitting this completed form to PERS.

Thank you for providing the requested information.