# Hyattsville Volunteer Fire Department, Inc.
# LOSAP Documentation Report

**DATE:_____**

**PAGE:___of___**

## CHECK ONE OF THE FOLLOWING CATEGORIES:

_____**TRAINING COURSE (Name of Course:_____HOURS:_____)**
(One point per hour, 25 points maximum per year) *Attach Copy of Certification as applicable

_____**DRILL (Drill Topic:_____HOURS:_____)**
(One point per drill, 25 points maximum per year)

_____**ATTENDANCE AT MEETING (Type of Meeting:_____)**
(One point per meeting, 25 points maximum per year)

_____**MILITARY SERVICE (Dates of Service:_____)**
(Five points per month, 50 points maximum per year)

_____**COLLATERAL DUTY (Describe Duty:_____HOURS:_____)**

**Describe Training, Drill, Meeting, Military Service, Collateral Duty:**

| NAME: | ID | SIGNATURE: |
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## VERIFICATION:

**Must be signed and dated by Course Instructor, Drill Instructor, Meeting Facilitator, Officer, etc.:**

_____/_____/_____

**PRINTED NAME** **SIGNATURE** **DATE**