

## Louisiana State Police Retirement System

3100 Brentwood Drive, Suite B  
Baton Rouge, LA 70809-1752  
(225)925-4878 or (800)256-5210

### Application for Prior Law Enforcement Service

Print in ink or type all entries except signatures. Application should be received by LSPRS at least six months in advance of applying for retirement or DROP.

Name and Address (Print applicant's name, address, and Zip code.)				
Name of applicant:			Social Security Number	
Current Mailing Address:			Birth Date of Applicant	
City, State and Zip Code:			Date of Application	
Daytime telephone	Evening telephone	Cell phone		Email
<p><b>You may purchase prior law enforcement service if:</b></p> <ul style="list-style-type: none"> <li>You were employed with any other law enforcement agency of the State of Louisiana or of any political subdivision thereof; and</li> <li>The service was not creditable in any public retirement or pension system, fund, or plan in the state.</li> <li>You pay the actuarial cost of the purchase determined by the system actuary. You will be required to pay a nonrefundable fee of \$125 to cover the cost of the purchase calculation. This fee may be paid by personal check, cashier's check, certified check or money order, made payable to the Louisiana State Police Retirement System, and should accompany this application.</li> </ul>				
Prior Service Information (All information MUST be provided. To be completed by member)				
Employed From	To	Prior Employer Name		
Address of Prior Employer				
Contact Person (if known)		City	State	ZIP
Name of Retirement System, if any		Prior Employer Telephone Number		
<p><b>Please provide current contact information for previous employment. Your previous employer must verify your employment information. Without proper contact information, this application will be returned to you for completion.</b></p>				
<p>By signing my name below, I do hereby authorize the release of all information necessary to verify service to be purchased with the Louisiana State Police Retirement System (LSPRS).</p>				
Applicant's signature			Date signed	
<p><b>RETIREMENT OFFICE CERTIFICATION</b> Certified True and Correct</p>				
State Agency			Date	
<b>LA State Police Retirement System</b>				
By		Title		

Applicant's Name

**Section 1: To be completed by previous employer**

Period of Service	Law Enforcement Service?	Service Credit Earned
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did the applicant receive credit for this service under any retirement system which was funded wholly or partially from public funds, other than Social Security?

Yes  No

If yes, please provide name of system: \_\_\_\_\_

Signature of certifying official ▶	Name of employer
Title	Daytime telephone
Address	
City, State, ZIP	Date signed

Please return completed form to:

Louisiana State Police Retirement System  
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