

**STATE OF LOUISIANA, PARISH OF LIVINGSTON**

**VOLUNTEER FIREFIGHTER APPLICATION FOR ADDITIONAL HOMESTEAD EXEMPTION, PURSUIT TO ACT 179 OF 2023 REGULAR LEGISLATIVE SESSION**

BEFORE ME, \_\_\_\_\_ within and for the State and Parish aforesaid, representing  
(Fire Chief)

fire district \_\_\_\_\_, attest that \_\_\_\_\_  
(District Name or Number) (Volunteer Firefighter Name)

meets the following requirements:

\_\_\_\_\_ Has completed no fewer than 24 hours of firefighter continuing education  
(initials) within the current year.

**AND**

\_\_\_\_\_ Is an active member of the Louisiana State Fireman's Association.  
(initials)

**OR**

\_\_\_\_\_ Is on the departmental personnel roster of the Volunteer Firefighter Insurance  
(initials) Program.

\_\_\_\_\_  
( Fire Chief Signature) (Printed Name) (Title)

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified within and FOR THE State and Parish aforesaid, personally came and appeared \_\_\_\_\_, who declares that they meet the  
(Firefighter Name)  
aforesaid qualifications pursuant to Act 179 of the 2023 Regular Legislative Session.

\_\_\_\_\_  
(Firefighter Signature) (Printed Name)

SWORN TO AND SUBSCRIBED BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
(Day) (Month) (Year)

\_\_\_\_\_  
Notary Public Printed Name Commission Number

**Louisiana Revised Statute Title 47, Section 1703 provides a maximum penalty of \$500 and six months imprisonment for any person who knowingly furnishes false information for the purpose of procuring any tax exemption or benefit.**