

EXHIBIT C

**Mississippi Insurance Department
Verification Form for Participation in
Mississippi Volunteer Fire Fighter Telemedicine Program
(H.B. 1553, 2015 Miss. Sess.)**

Section 1. Certification to be completed by County Fire Coordinator

I Do Here by Certify That _____
Printed Name of Applicant (first, middle, last)

Address City State Zip Code

Is In Active Service as A Volunteer Fire Fighter For The Below Listed Municipality, County, Or Fire District In Mississippi.

Signature of Volunteer Fire Chief

Printed Name of Volunteer Fire Chief Name of Department

As County Fire Coordinator, I do here by certify that the above named applicant is actively serving as a Volunteer Fire Fighter.

Signature of County Fire Coordinator

Printed Name of County Fire Coordinator Date Telephone Number

Section 2. To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for participation in the Mississippi Volunteer Fire Fighter Telemedicine Program.

Signature of Applicant Date

Printed Name of Applicant