



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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## Oregon Public Service Retirement Plan (OPSRP) Certification of 911 Operator Service

### General information

911 operators can retire if they have 25 years or more of retirement credit as a 911 operator. To ensure you meet this requirement, PERS needs information from both you and your employer.

“911 operator” includes:

A person whose official duties are receiving information through a 911 emergency reporting system and relaying that information to public or private safety agencies or dispatching emergency equipment or personnel in response to such information.

A public safety dispatcher whose primary duties are receiving, processing and transmitting public safety information received through a 911 emergency reporting system.

Please complete a separate form for each PERS-covered employer you worked for in a 911 operator position.

PERS advises you to request an estimate when you reach at least 23 years of retirement credit as a 911 operator.

This is an early retirement option that will reduce your benefits, and you are not eligible to receive any cost-of-living-adjustments until you reach age 55.

### Instructions for member (Section A)

1. Provide your name, Social Security number\*, daytime phone number, and PERS number (if known).
2. Provide the name of the employer(s) you worked for in a PERS-covered position as a 911 operator. **You must complete a separate form for each employer.**
3. Sign and date the form.
4. Submit this form to your employer. Your employer will fill out Section B and submit the form to PERS.

### Instructions for employer (Section B)

1. Please provide the requested information.
2. Submit the completed form to PERS.

**Mailing address:** PERS  
PO Box 23700  
Tigard OR 97281-3700

**Fax number:** 503-603-7626

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

**Instruction page for form #459-561 (3/17/2008) SL3 IIM Code: 22258**



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22258

## Oregon Public Service Retirement Plan (OPSRP) Certification of 911 Operator Service

This form is strictly for the OPSRP Pension Plan. Call PERS or visit our website if this is not the form you need.

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

|                  |    |           |                         |
|------------------|----|-----------|-------------------------|
| First name       | MI | Last name | Social Security number* |
| Day phone number |    |           | PERS number (optional)  |

I authorize \_\_\_\_\_ to release any information PERS requests pertaining to service as a 911 operator.  
(employer name)

\_\_\_\_\_  
 Member signature (do not print) Date

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

The person named above is requesting certification of employment as a 911 operator. Please provide the information requested, and return the form to PERS.

| Job class title | Dates of service as a 911 operator |                       |
|-----------------|------------------------------------|-----------------------|
|                 | Start date (mm/dd/yyyy)            | End date (mm/dd/yyyy) |
|                 |                                    |                       |
|                 |                                    |                       |
|                 |                                    |                       |

Please list all dates of leave without pay during any periods listed above:

\_\_\_\_\_

I certify the person named above was employed as a telecommunicator whose primary duties were as a 911 operator during the dates of service listed above.

From the official records of \_\_\_\_\_  
Employer name

Employer address \_\_\_\_\_  
Address City State Zip+4 code

Employer phone number \_\_\_\_\_

\_\_\_\_\_  
 Signature of employer representative (do not print) Date

\_\_\_\_\_  
 Name of employer representative (please type or print)

| Office use only                                     |   |                              |
|---|---|------------------------------|
| <input type="checkbox"/> PERS                       | <input checked="" type="checkbox"/> OPSRP | <input type="checkbox"/> IAP |
| <input type="checkbox"/> Member                     | <input type="checkbox"/> Alternate payee  |                              |
| <input type="checkbox"/> Cross reference member SSN |   |                              |

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may 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 may request help by calling toll free 888-320-7377 or TTY 503-603-7766.