

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
9/11 HEROES STAMP ACT OF 2001
ELIGIBILITY AND APPLICATION FOR BENEFITS

O.M.B. No. 1660-0091
Expires July 31, 2008

EMERGENCY RELIEF PERSONNEL

Part I - Complete this form by typing or printing in capital letters. Please provide the applicable information for the emergency relief personnel killed or permanently physically disabled. If you have questions while completing this application, please call the toll free Helpline at 1-866-887-9107. Or, e-mail your questions to FEMA-HeroesStamp@dhs.gov. For further information, please see www.usfa.fema.gov.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
SOCIAL SECURITY NUMBER		STREET ADDRESS	
CITY		STATE	ZIP/POSTAL CODE
TELEPHONE NO. (Day-incl. area code)	TELEPHONE NO. (Evening-incl. area code)	Please provide the emergency relief personnel's September 11th Victim Compensation Fund of 2001 claim number, if applicable:	

PERSONAL REPRESENTATIVE

Part II - To be completed by the personal representative of the applicant, if applicable.

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS (Include apartment if applicable)		
CITY		STATE
TELEPHONE NO. (Day-incl. area code)		TELEPHONE NO. (Evening-incl. area code)
PERSONAL REPRESENTATIVE'S SOCIAL SECURITY NUMBER		

Is the appointment of the decedent's personal representative subject to pending litigation or other dispute? ☐ Yes ☐ No
If you answered yes, please explain the circumstances:

Were you appointed to serve as the decedent's personal representative? ☐ Yes ☐ No
If yes, how were you appointed to serve as the decedent's personal representative?

- a. by a court of competent jurisdiction
- b. as the executor or administrator of the decedent's will or estate
- c. by the Special Master of the September 11th Victim Compensation Fund of 2001

If someone other than yourself was appointed to serve as the decedent's personal representative, please provide the following information concerning the appointed or recognized decedent's personal representative:

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS (Include apartment if applicable)		
CITY		STATE
TELEPHONE NO. (Day-incl. area code)		TELEPHONE NO. (Evening-incl. area code)

How were they appointed as the decedent's personal representative?
— a. by a court of competent jurisdiction
— b. as the executor or administrator of the decedent's will or estate
— c. by the Special Master of the September 11th Victim Compensation Fund of 2001

Are you seeking to be recognized as the decedent's personal representative by the 9/11 Heroes Stamp Act of 2001 instead of another previously designated personal representative? ☐ Yes ☐ No

NAME OF EMERGENCY RELIEF PERSONNEL KILLED OR PERMANENTLY DISABLED

SOCIAL SECURITY NUMBER

Part III - Statement of Official Capacity

Was the emergency relief personnel acting in an official capacity at the time of the injury or death? ☐ Yes ☐ No

Please check the box that describes the official capacity of the emergency relief personnel at the time of his/her injury or death:

- ☐ Firefighter ☐ Law Enforcement Officer ☐ Paramedic ☐ Emergency Medical Technician
☐ Member of the Clergy ☐ Other Individual *(including employees of legally organized and recognized volunteer organizations, whether compensated or not.)*

If you checked "Other Individual", please describe the emergency relief personnel's official capacity at the time of his/her injury or death:

EMERGENCY RELIEF PERSONNEL'S EMPLOYER'S NAME AND ADDRESS
(Include city, state and zip code)

PHONE NUMBER

SUPERVISOR'S NAME

Time emergency relief personnel started official capacity on date of injury/death *(date & time)*

Location of the emergency relief personnel at the time of his/her injury or death. Please check one:

- ☐ Pentagon ☐ World Trade Center ☐ Shanksville, Pennsylvania

Was the emergency relief personnel killed in connection with the terrorist attacks on September 11, 2001? ☐ Yes ☐ No

If yes, please complete the following.

Date of Death (mm/dd/yy)

Time of Death

Did the emergency relief personnel sustain a permanent physical or psychological disability? Please check the type of disability that applies.

- ☐ physical ☐ psychological

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FEDERAL EMERGENCY MANAGEMENT AGENCY
9/11 HEROES STAMP ACT OF 2001
ELIGIBILITY AND APPLICATION FOR BENEFITS

EMERGENCY RELIEF PERSONNEL

Complete this form by typing or printing in capital letters. Please provide the applicable information for the emergency relief personnel killed or permanently physically disabled. If you have questions while completing this application, please call the toll free Helpline at 1-866-887-9107. Or, e-mail your questions to FEMA-HeroesStamp@dhs.gov. For further information, please see www.usfa.fema.gov.

NAME OF EMERGENCY RELIEF PERSONNEL KILLED OR PERMANENTLY DISABLED

SOCIAL SECURITY NUMBER

Part IV - To Be completed by Employer/Volunteer Organization

Please check which of the following describes the emergency relief personnel's position:

- ☐ Firefighter ☐ Law Enforcement Officer ☐ Paramedic ☐ Emergency Medical Technician
☐ Member of the Clergy ☐ Other Individual (including employees of legally organized and recognized volunteer organizations, whether compensated or not.)

If you checked "Other Individual", please describe the emergency relief personnel's official capacity at the time of his/her injury or death:

Date Began Work with Employer/Volunteer Organization:

EMPLOYER'S/VOLUNTEER ORGANIZATION'S
FEDERAL IDENTIFICATION NO.

NAME OF WORKERS' COMPENSATION CARRIER

Has a permanent disability been assigned to this emergency relief personnel?

☐ Yes ☐ No

Was the emergency relief personnel acting within his/her official capacity at the time and date of his/her injury/death?

☐ Yes ☐ No

Location of the emergency relief personnel at the time of his/her injury or death. Please check one:

☐ Pentagon ☐ World Trade Center ☐ Shanksville, Pennsylvania

If the emergency relief personnel is now deceased, was this individual killed in connection with the terrorist attacks on September 11, 2001?

☐ Yes ☐ No

If yes, please complete the following.

Date of Death (mm/dd/yy)

Time of Death

Did the emergency relief personnel sustain a permanent physical or psychological disability? Please check the type of disability that applies.

☐ physical ☐ psychological

Certification of Accuracy of Information

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named below, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both.

Signature of Employer/Volunteer Organization

Date (mm/dd/yy)

PREPARED BY (Employer's name; print)

PREPARER'S TITLE

DATE

PHONE NUMBER

NAME OF EMERGENCY RELIEF PERSONNEL KILLED OR PERMANENTLY DISABLED

SOCIAL SECURITY NUMBER

Part Va - Authorization for the Release of Information

I understand that the Federal Emergency Management Agency may need to share information from my application under the 9/11 Heroes Stamp Act including but not limited to my social security number in order to determine my eligibility for benefits under this program. I authorize release to FEMA of relevant information about me from Federal, State or local agencies or private organizations, such as the Social Security Administration, Internal Revenue Service, Office of Vital Statistics, the Department of Justice Civil Division (which administered the September 11th Victim Compensation Fund of 2001), a court, employers or volunteer organizations with which I was or am associated, and insurance companies.

Part Vb - Documentation

Did you submit all necessary documentation? ☐ Yes ☐ No

If you answered No, please provide a list of the documents required by the 9/11 Heroes Stamp Act of 2001 that you are unable to submit at this time and provide an explanation as to why you are unable to submit them.

Part Vc - Certification of Accuracy of Information

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named below, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both.

Signature of Emergency Relief Personnel/Personal Representative

Date (mm/dd/yy)

If you have questions while completing this application, please call the toll free Helpline at 1-866-877-9107. Or, e-mail your questions to FEMA-HeroesStamp@dhs.gov. For further information, please see www.usfa.fema.gov.

Send application with supporting documentation to:

Heroes Stamp
U.S. Fire Administration
National Emergency Training Center
16825 South Seton Avenue

Part VI - Privacy Act Statement for the Heroes Stamp Act (Please retain this for your Records)

The Federal Emergency Management Agency is authorized to collect this information by the 9/11 Heroes Stamp Act of 2001, which is section 652 of Public Law 107-67. The information you submit in your claim including your social security number is for official use only by FEMA for purposes of determining your eligibility for benefits under the 9/11 Heroes Stamp Act and for other administrative purposes that are detailed below. FEMA may need to share your information including your social security number with other agencies at the Federal, State, and local levels and with private entities, such as employers, in order to obtain information from them to rule on your application for benefits.

The information you submit may routinely be made available to entities outside FEMA for auditing purposes, to respond to an inquiry from a Member of Congress who submits a request on your behalf, to contractors and others engaged by FEMA to accomplish an agency function related to the 9/11 Heroes Stamp Act, to the National Archives and Records Administration for records management purposes, to the Department of Justice or an adjudicative body for litigation purposes if a suit is filed, and to appropriate agencies for debt collection purposes where circumstances warrant. The only other routine use that will be made of this information is a referral to law enforcement in the unlikely event that the information you provide reveals a potential violation of law, either criminal, civil or regulatory.

Providing the requested information is voluntary on your part. Your failure to provide the information, however, may result in a delay in processing or a denial of your claim.

Part VII - Paperwork Burden Disclosure Notice

Public reporting burden for this information collection is estimated to average 2 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0091). You are not required to respond to this collection of information unless a valid OMB control number is displayed. **Note: Do not send actual application material, if applicable, to this address.**

INSTRUCTIONS

9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits (FEMA Form 75-14, JUL 05)

These instructions are designed to help applicants complete and submit the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form to the Federal Emergency Management Agency (FEMA) United States Fire Administration (USFA).

Only one application for assistance may be submitted for each emergency relief personnel killed or permanently physically disabled in the line of duty. To be eligible for assistance under the Heroes Stamp Act, each applicant is required to file an application consistent with the regulations.

FEMA has made every attempt to make the application and these instructions as clear as possible. However, applicants are encouraged to read the rule for this program published in the Federal Register on July 26, 2005. In the event that any part of these instructions conflict with rule, FEMA will follow the rule.

INTRODUCTION

What is the 9/11 Heroes Stamp Act of 2001 Program?

The Heroes Stamp Act (the Act), Public Law 107-67, directed the United States Postal Service (USPS) to issue a "semipostal" stamp and distribute the proceeds through FEMA to the families of emergency relief personnel killed or permanently disabled while serving in the line of duty in connection with the terrorist attacks against the United States on September 11, 2001.

A semipostal stamp is a type of postage that is sold for a value greater than that of a regular first class stamp. The proceeds of the price differential fund the grants provided for in the Act, after an appropriate deduction for the costs of producing and distributing the semipostal stamps. The USPS issued the Heroes semipostal stamp in June 2002, and discontinued selling it on December 31, 2004.

FEMA has established a program to distribute the funds raised from the sale of the Heroes semipostal stamp to benefit eligible emergency relief personnel killed or permanently disabled in the line of duty and to their families. Funds were donations by each purchaser of the Heroes semipostal stamps and this fund does not depend on evaluation of a degree of loss. There is a total of \$10,565,073.61 in the fund which shall be divided equally among the claimants deemed eligible. There are no funds available for the program other than the proceeds collected by the USPS and transferred to FEMA.

What is included in the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits?

The form has seven parts:

Part I - Emergency Relief Personnel: This part identifies the emergency relief personnel killed or permanently physically disabled who are applying to receive funds from the program.

Part II - Personal Representative: If applicable, this part identifies a personal representative who is applying on behalf of the emergency relief personnel specified in Part I, and establishes the circumstances by which the personal representative was appointed as such.

Part III - Statement of Official Capacity: This part documents how the emergency relief personnel were serving in an official capacity in response to the terrorist attacks.

Part IV - To be completed by Employer/Voluntary Organization: This part is to be completed by the employer/voluntary organization to validate that the emergency relief personnel was acting in an official capacity at the time of death or injury resulting in permanent physical disability. Once completed, this part should be returned to the applicant to be included with all other parts as one complete application package.

Part Va - Authorization for the Release of Information: This part authorizes government administrative bodies and private entities to release information to FEMA that is relevant to FEMA's adjudication of an application for award.

Part Vb - Documentation: This part establishes whether all necessary documentation is available and being submitted.

Part Vc - Certification of Accuracy of Information: This part requests the emergency relief personnel or personal representative to certify under penalty of perjury that all information contained in the Application for Benefits is accurate.

Part VI - Privacy Act Statement: This section is meant to be kept by the applicant and outlines how the Government may disclose the information that the applicant submits.

Part VII - Paperwork Burden Disclosure Notice: This section provides the applicant an opportunity to comment as to the accuracy of the burden estimate of 2 hours for completing the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form.

Instructions (continued)

Definition of Terms

The term eligible claimants means emergency relief personnel acting in their official capacity who were killed or permanently physically disabled in the line of duty while serving at the World Trade Center, Pentagon, or Shanksville, Pennsylvania site in connection with the terrorist attacks against the United States on September 11, 2001.

The term emergency relief personnel means those individuals serving at the World Trade Center, Pentagon, or Shanksville, Pennsylvania site in connection with the terrorist attacks against the United States on September 11, 2001, who were firefighters, law enforcement officers, paramedics, emergency medical technicians, members of the clergy, or other individuals (including employees of legally organized and recognized volunteer organizations, whether compensated or not) who, in the course of professional duties, respond to fire, medical, hazardous material, or other similar emergencies.

The term in the line of duty means emergency relief personnel were serving in their official capacity at the World Trade Center, Pentagon, or Shanksville, Pennsylvania site in connection with the terrorist attacks against the United States on September 11, 2001, during the period of time of and extending for 96 hours after the crashes resulting from the terrorist attacks.

The term permanently physically disabled means significant and nontemporary physical impairment. FEMA will rely on determinations of impairment made by an appropriate private entity, Federal, State, or local agency.

The term personal representative means (in order of priority):

(1) An individual appointed by a court of competent jurisdiction as the personal representative of the decedent or as the executor or administrator of the decedent's will or estate.

(2) In the event that no personal representative or executor or administrator has been appointed by any court of competent jurisdiction, and such issue is not the subject of pending litigation or other dispute, then the personal representative selected by the Special Master will be recognized as the personal representative for the purposes of compensation under the Heroes Stamp Act.

(3) In the event that no personal representative or executor or administrator has been appointed by any court of competent jurisdiction, such issues are not the subject of pending litigation or other dispute and the Special Master did not select a personal representative, then FEMA, may determine whether to recognize a personal representative and the identity of the personal representative.

Disputes regarding personal representative. FEMA shall not be required to arbitrate, litigate, or otherwise resolve any dispute as to the identity of the personal representative. In the event of a dispute, FEMA may suspend adjudication of the claim or if, sufficient information is provided, authorize payment but place any payment in escrow until the dispute is resolved either by agreement of the disputing parties or by a court of competent jurisdiction.

Who should complete the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits?

Emergency relief personnel acting in their official capacity who were permanently physically disabled in the line of duty while serving at the World Trade Center, Pentagon, or Shanksville, Pennsylvania site in connection with the terrorist attacks against the United States on September 11, 2001.

Or, the personal representative will submit a claim on behalf of emergency relief personnel acting in their official capacity who were killed in the line of duty while serving at the World Trade Center, Pentagon, or Shanksville, Pennsylvania site in connection with the terrorist attacks against the United States on September 11, 2001.

Where can I go for more information?

Through the internet - The 9/11 Heroes Stamp Act of 2001 Program website address is:

www.usfa.fema.gov.

By telephone - The toll free Helpline number is 1-866-887-9107.

By e-mail-FEMA-HeroesStamp@dhs.gov.

Where should I mail my completed application?

Applications must be mailed to Heroes Stamp, USFA, NETC, 16825 South Seton Avenue, Emmitsburg, MD 21727. Applications will not be accepted via e-mail or facsimile.

GENERAL INSTRUCTIONS

- * Before completing this form, please read carefully all instructions and the rule for this program published on July 26, 2005.
- * Review the supporting document checklist included with these instructions for the documents that you will need to submit with your application.
- * Include the emergency relief personnel's social security number at the top of all pages of the form, and on all additional pages or documents that you submit.
- * Please make sure that you sign Part Vc - Certification of Accuracy of Information
- * Mail your completed application so that it is postmarked no later than XXXX XX, 2005.
- * Complete all sections of the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form. Failure to provide complete information may result in a delay in processing or a denial of your claim.
- * Only the Personal Representative may submit a claim for a deceased victim.
- * Please make a copy of your completed 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form before you mail it. The United States Fire Administration may need to contact you for additional information based on what you submit.
- * Please send a letter or call the 9/11 Heroes Stamp Act of 2001 Program toll free number if you change your address and/or telephone number. You should include your social security number on the letter. If FEMA/USFA has questions and cannot locate you, your application may be deemed abandoned when the program terminates.

Instructions (continued)

SECTION BY SECTION INSTRUCTIONS

These instructions provide an overview of the questions in each section, provide more detail on certain questions, and identify the supporting documentation that you must include with your application.

Part I - Emergency Relief Personnel:

This section collects personally identifying and contact information about the emergency relief personnel killed or permanently physically disabled.

If the emergency relief personnel is deceased, do not complete fields for the address and telephone numbers.

If the emergency relief personnel or their personal representative submitted an application to the Department of Justice under the September 11th Victim Compensation Fund of 2001, please provide that claim number so that FEMA can verify consistency of Heroes Stamp Act eligibility information with information previously provided.

Part II - Personal Representative:

In this section, the personal representative provides his/her contact information and indicates how s/he was designated to serve as personal representative.

FEMA will rely on previously established determinations of the personal representative. Personal representative must submit the original court order or other documentation establishing status as the Personal Representative. FEMA will recognize personal representatives designated in the following order of priority:

1) appointed by a court of competent jurisdiction, or the executor or administrator of the decedent's will or estate; 2) recognized by the Special Master of the September 11th Victim Compensation Fund of 2001; or 3) selected by FEMA.

If someone other than the person completing this section is the court-appointed representative, the executor or administrator of the decedent's will or estate, or the personal representative recognized by the Special Master of the September 11th Victim Compensation Fund of 2001, the name, address and telephone number of the "officially appointed" personal representative should be provided.

In the event that no personal representative or executor or administrator has been appointed by any court of competent jurisdiction, such issues are not the subject of pending litigation or other dispute, and the Special Master did not select a personal representative, then FEMA may determine whether to recognize a personal representative and who that personal representative will be.

FEMA shall not be required to arbitrate, litigate, or otherwise resolve any dispute as to the identity of the personal representative. In the event of dispute, FEMA may suspend adjudication of the claim or, if sufficient information is provided, authorize payment but place funds in escrow until the dispute is resolved either by agreement of the disputing parties or by a court of competent jurisdiction.

Part III - Statement of Official Capacity:

This part documents the emergency relief personnel's function in responding to the terrorist attacks.

The Act and the rule require that the emergency relief personnel be killed or permanently disabled in the line of duty, that is, while serving in their official capacity at the World Trade Center, Pentagon, or Shanksville, Pennsylvania site in connection with the terrorist attacks against the United States on September 11, 2001, during the period of time of and extending for 96 hours after the crashes resulting from the terrorist attacks.

To substantiate "official capacity" of the emergency relief personnel, the form asks:

- * whether s/he was acting in his or her official capacity at the time of injury or death.
- * the nature of his/her official capacity at the time of injury or death
- * his/her employer's Name, Address, Phone Number, Supervisor's Name
- * Time s/he started work in official capacity on date of injury/death (date and time)
- * his/her location at time of injury or death
- * whether s/he was killed in connection with terrorist attacks on September 11, 2001
- * whether s/he sustained permanent physical disability or psychological disability

If the emergency relief personnel is permanently physically disabled, a copy of an official determination of disability by an appropriate private entity, Federal, State or local jurisdiction must be attached to the application.

Part IV - To be completed by Employer/Voluntary Organization:

The employer/voluntary organization of the emergency relief personnel completes this part to verify that the emergency relief personnel were serving in an official capacity in response to the terrorist attacks. Applicants should detach this page, and have the employer/voluntary organization complete the form and return it to the applicant. FEMA should receive the entire application from the applicant.

The employer/voluntary organization provides the following information:

- * emergency relief personnel's position at the time of injury/death
- * Date emergency relief personnel began employment with organization
- * Organization's Federal Identification Number
- * name of respondent organization's Workers' Compensation Carrier
- * whether emergency relief personnel has been officially determined to be permanently disabled
- * whether emergency service personnel was acting in an official capacity at time/date of injury/death
- * location of emergency relief personnel at time of injury/death
- * whether emergency service personnel was killed in connection with terrorist attacks on September 11, 2001
- * date and time of emergency service personnel's death
- * whether emergency personnel sustained permanent physical disability or psychological disability

Instructions (continued)

The Employer/Voluntary organization must sign the certification of accuracy of information certifying that the information contained in Part IV is true and accurate. FEMA will apply various procedures to verify, authenticate, and audit claims. False statements may result in fines, imprisonment, and or any other remedy available by law. FEMA will refer all evidence of false or fraudulent claims to the Department of Homeland Security Office of Inspector General and other appropriate law enforcement authorities.

Part Va - Authorization for the Release of Information:

This part authorizes government administrative bodies and private entities to release information to FEMA that is relevant to FEMA's adjudication of an application for an award.

Part Vb - Documentation:

This part asks if all necessary documentation is being submitted with the application. Applications may not be submitted after the application deadline. In the unusual event that the applicant's documentation is not available, the applicant nonetheless must apply within the application period and explain why he/she cannot furnish the necessary documentation. The history of claims applications to the September 11th Victim Compensation Fund of 2001 and State and local pension and Workers' Compensation agencies indicates that applicants generally possess this information and that it is readily available.

Part Vc - Certification of Accuracy of Information:

This part requests the emergency relief personnel or personal representative to certify by signature, under penalty of perjury, that all information contained within the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form is accurate. FEMA will apply various procedures to verify, authenticate, and audit claims. False statements may result in fines, imprisonment, and or any other remedy available by law. FEMA will refer all evidence of false or fraudulent claims to the Department of Homeland Security Office of Inspector General and other appropriate law enforcement authorities.

Part VI - Privacy Act Statement:

This section provides notice to the applicant regarding the agency's authority to collect the requested information, the purpose of collection, how the agency may share the collected information and the consequences of failing to provide the information. The Privacy Act Statement is an informational page for the applicant's reference.

Part VII - Paperwork Burden Disclosure Notice:

This section provides the applicant an opportunity to comment as to the accuracy of the burden estimate of 2 hours for completing the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form.

Supporting Documentation Checklist

Please make sure that you have:

- * Completed all parts of the 9/11 Heroes Stamp Act of 2001 Eligibility and Application for Benefits form
- * Signed the Certification of Accuracy

If the emergency relief personnel acting in his/her official capacity died in connection with the terrorist attacks of September 11, 2001, please attach a copy of the death certificate [or other official record documenting death] to the application.

Personal representatives must provide documentation to verify their status as:

1. Personal representative, or
2. Executor of Will, or
3. Administrator of Estate; or
4. Special Master's appointment

Documentation may include:

1. Certified copy of emergency relief personnel's will and copies of relevant filings you have made to probate the will;
2. Court Order;
3. Letter of Administration

If the emergency relief personnel acting in his/her official capacity was permanently physically disabled in connection with the terrorist attacks of September 11, 2001, please provide appropriate documentation, such as:

1. Determination by an appropriate Federal, State, or local agency such as:
 - Social Security Administration;
 - New York Workers' Compensation Board;
 - New York State Retirement System;
 - New Jersey Division of Workers' Compensation;
 - New York City Police Department and its pension system; or
 - New York City Fire Department and its pension system.
2. Determinations by private insurers or other private entities
3. Determination by other government entity - Federal, State, local, other

Send application with supporting documentation to:

Heroes Stamp
US Fire Administration
National Emergency Training Center
16825 South Seton Avenue
Emmitsburg, MD 21727