



LINCOLN COUNTY MAINE OFFICE OF EMERGENCY MANAGEMENT I.D. QUALIFICATION FORM FOR FIRE DEPARTMENTS

Last Name	First Name:	MI	Date of Birth:
Home Address			Name of Department or Team: Title: (required)
City	County	State	Normal Occupation:
Phone Numbers: Cell:			Email address:
Home:			Allergies:
Work:			
Emergency Contact Person:			Medical History:
Phone Number(s)			

QUALIFICATION	DATE OF LAST CERTIFICATION
Hazardous Materials Awareness:	Date:
Hazardous Materials Operation:	Date:
Hazardous Materials Technician:	Date:
WMD Awareness:	Date:
WMD Operations:	Date:
WMD Technician:	Date:
Emergency Medical Technician (EMT) : must provide license # <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic	License #: Date:
Incident Command System (ICS): <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Date:
S.C.B.A. Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Other Specialty:	Date:
Basic Ground Search: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Firefighter I <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:
Firefighter II <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Confined Space: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
High Angle Rescue <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Technical Rescue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Chief or Authorized Representative: _____ Date: _____

(Signature)