



OFFICE OF EMERGENCY MANAGEMENT
I.D. QUALIFICATION FORM
Fire Departments, EMS, Local EMA, Town Officials



Last Name	First Name:	MI	Date of Birth:
Hair Color	Height	Name of Agency/Town/Department:	
Eye Color	Weight		
Email address:			Title/Rank:
Phone Numbers:			Allergies & Medical History:
Cell:	Home:		
Emergency Contact Person: Name & Phone Number(s)			

QUALIFICATIONS *(check all that apply)*

Hazardous Materials:	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations	<input type="checkbox"/> Technician
SCBA Qualified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Firefighter:	<input type="checkbox"/> Basic	<input type="checkbox"/> I	<input type="checkbox"/> II
Incident Command System (ICS)	<input type="checkbox"/> Basic: <i>(ICS-100, ICS-700, ICS-800)</i> <input type="checkbox"/> Intermediate: <i>(Basic level courses and ICS-200)</i> <input type="checkbox"/> Advanced: <i>(Intermediate level courses and ICS-300, ICS 400)</i>		
Emergency Medical Technician:	<input type="checkbox"/> Responder	<input type="checkbox"/> Basic EMT	<input type="checkbox"/> Advanced EMT <input type="checkbox"/> Paramedic
License # and date:			
Local Emergency Manager:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Qualifications or <u>comments</u> :			

Badge Request: New Updates/Change(s) Replacements
Please explain if replacements: _____

Chief or Authorized Representative: _____ Date: _____

***** DO NOT WRITE BELOW THIS LINE - EMA USE ONLY *****

EMA Director/Deputy Director Approval: _____			
ID Request Received:	_____ Date	_____ Initials	Photo Taken/Received: _____ Date _____ Initials
IDs Completed:	_____ Date	_____ Initials	IDs Delivered: _____ Date _____ Initials
Method of delivery:			