



**LINCOLN COUNTY MAINE  
OFFICE OF EMERGENCY MANAGEMENT I.D.  
QUALIFICATION FORM FOR LAW ENFORCEMENT**

Last Name	First	MI	Date of Birth:
Home Address:			Name of Department:
			Title:
City	County	State	Email address:
Phone Numbers: Home: _____ Cell: _____ Work: _____			
Emergency Contact Person:  Phone Number(s) _____			Allergies:  Medical History:
Permit to Carry Concealed?      ___ Yes      ___ No			
Hair Color: _____		Eye Color: _____	
Height: _____		Weight: _____	

Chief Official: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

**WE WILL NOT BE ABLE TO ISSUE AN ID WITHOUT CHIEF  
OFFICIAL'S SIGNATURE!**