



**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!**