



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

| | | | |
|--|-------------|---------------------------------|----------------|
| Last Name | First Name: | MI | Date of Birth: |
| Home Address | | Name of Agency/Town/Department: | |
| City | State | Zip | Title/Rank: |
| Phone Numbers: | | Allergies: | |
| Cell: | Home: | Medical History: | |
| Work: | | | |
| Emergency Contact Person: 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 (EMT): | <input type="checkbox"/> Basic | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Paramedic |
| License # and date: _____ | | | |
| Certified Emergency Manager: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Other Specialty Training: _____ _____ _____ _____ | | | |
| Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ | | | |
| Badge Request: | <input type="checkbox"/> New | <input type="checkbox"/> Updates/Change(s) | <input type="checkbox"/> Replacements |
| Please explain if replacements: _____ | | | |

Chief or Authorized Representative: _____ Date: _____
 (Signature)

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

EMA Director Approval: _____

DATES & INITIALS

| | | | |
|---------------------------------|----------------|----------------------------------|----------------|
| ID Request Received: _____ Date | _____ Initials | Photo Taken/Received: _____ Date | _____ Initials |
| IDs Completed: _____ Date | _____ Initials | IDs Delivered: _____ Date | _____ Initials |
| Method of delivery: _____ | | | |