



**LINCOLN COUNTY MAINE  
OFFICE OF EMERGENCY MANAGEMENT  
I.D. QUALIFICATION FORM FOR:  
EMS PROVIDERS**

*Please completely fill out this form before submittal.*

Last Name:	First:	MI:	Date of Birth: (optional)
Email address:		Name of Department:	
		Title:	
Allergies:		Medical History:	
Phone Numbers:			
Cell: _____		Work: _____ Home: _____	
Emergency Contact Person:		Emergency Contact Person's Phone Number:	
<b>EMS License Level:</b>		<b>EMS License:</b>	
EMR	EMT	AEMT	Paramedic
		EMS License #: _____	
<b>Incident Command System (ICS):</b>		<b>Hazardous Materials:</b>	
Basic (ICS-100,700, & 800) <span style="float: right;"><u>N/A</u></span>		<u>N/A</u>	
Intermediate (Basic level & ICS 100)		Awareness	Operations
Advanced (Intermediate level & ICS 300+400)		Technician	
Hair Color: _____		Eye Color: _____	
Height: _____		Weight: _____	

Chief or Authorized Representative: \_\_\_\_\_  
Date: \_\_\_\_\_ (Signature)

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