IDENTIFCATION / CREDENTIAL CARD FORM

Instructions: The following information must be filled out, signed by an authorized agency official and submitted to the Oneida County Emergency Management Department along with an electronic photo listing the subject's name.

Card Format

Fire Department

Newbold Fire Dept

Issue Date: 8/24/17
Expiration:

Smith
John   **A**

Rank/Title:
Lt. FF

Wisconsin
MABAS

<mark>Please Print Legibly</mark>

Credentials (Optional)

☐ IS 700 (National Incident Management)
☐ IS 800 (National Incident Management)
☐ ICS 100 (Incident Command System)
☐ ICS 200 (Incident Command System)
☐ ICS 300 (Incident Command System)
☐ ICS 400 (Incident Command System)
☐ Entry Level Fire Fighter I (ELFF I)
☐ Entry Level Fire Fighter II (ELFF II)
☐ Certified Driver/Operator
☐ Certified Fire Fighter I
☐ Certified Fire Fighter II
☐ Incident Safety Officer
☐ Fire Officer
☐ HazMat Operations
☐ HazMat Technician
☐ EMR
☐ EMT
☐ AEMT
☐ Paramedic

Agency Title: _____ Responder Rank: _____

Responder Name: _____ DOB_____
(Last, First, Middle Initial)

Responder Address:_____

City, State, Zip: _____

Responder Phone: H_____ C _____W_____

WI DL#_____ Exp Date_____ ID#_____
i.e. 5-1, 5-14

Responder Email: _____ Blood Type A- A+ AB- AB+ B- B+ O- O+

Past Med History: _____

Med/Allergy: _____

Emergency Contact: _____Phone#_____
Use the back of this page to add further info i.e. Additional Certifications, Past Med History, Emergency Contacts…

I certify the above information is correct regarding the subject and status on the above listed agency.

_____   _____
Responder Signature   Date   Authorized Agency Signature   Date