



OFFICE OF EMERGENCY MANAGEMENT

Fire Department

I.D. QUALIFICATION FORM



Last Name:	First Name:	MI:
Cellphone/Home #:	Email:	
Department:	Rank/Title:	
Emergency Contact & Phone #(s):		
Allergies & Medical History (optional) :		

QUALIFICATIONS *(check all that apply)*

Hazardous Materials:	_____ Awareness	_____ Operations	_____ Technician
SCBA Qualified:	_____ Yes	_____ No	
Firefighter:	_____ Basic	_____ I	_____ II
Incident Command System (ICS)	_____ Basic: <i>(ICS-100, ICS-700, ICS-800)</i>		
	_____ Intermediate: <i>(Basic level courses and ICS-200)</i>		
	_____ Advanced: <i>(Intermediate level courses and ICS-300, ICS 400)</i>		
Specialty Qualifications: _____			

Hair Color:	_____	Eye Color:	_____
Height:	_____	Weight:	_____

Badge Request:	_____ # Of New Tags	_____ Updates/Change(s)	_____ # Of Replacements Tags
Please explain if replacements: _____			

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

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

EMA Director/Dep. Director Approval: _____ Date: _____

(Signature)

DATES & INITIALS

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