



**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) <u>N/A</u> Intermediate (Basic level & ICS 100) Advanced (Intermediate level & ICS 300+400)		<u>N/A</u>  Awareness      Operations      Technician	
Hair Color: _____ Height: _____		Eye Color: _____ Weight: _____	

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

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