NIAGARA COUNTY IDENTIFICATION CARD APPLICATION

PLEASE PRINT CLEARLY

FIRST NAME DATE OF BIRTH HOME PHONE CELL PHONE EMAIL CELL PHONE EMAIL HOME ADDRESS CITY/ST/ZIP CITY/ST/ZIP CITY/ST/ZIP COUNTY TEAMS GENDER MALE FEMALE WEIGHT HEIGHT BLOOD TYPE TECHNICAL RESCUE TEAM HAIR COLOR EYE COLOR MEDICAL HISTORY HIGH BLOOD PRESSURE HEART **EMERGENCY CONTACT NAME PHONE NUMBER APPLICANT'S SIGNATURE DATE PLEASE CHECK THE SKILLS THAT APPLY (TO BE FILLED OUT BY FIRE COMPANY CHIEF) EXTERIOR FIREFIGHTER HAZMAT CERTIFIED INTERIOR FIREFIGHTER HAZMAT CERTIFIED FIRE POLICE ADVANCED EMT ADVANCE EMT FIRE INVESTIGATOR FIRE POLICE DRIVER COUNTY TEAMS COUNTY TEAMS COUNTY TEAMS COUNTY TEAMS HAZARDOUS MATERIALS TEAM TECHNICAL TEAM TECHN	LAST NAME		FIRE COMPANY		
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CELL PHONE	DATE OF BIRTH_		(PRINTS ON BACK OF ID CARD)	ADVANCED EMT	
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		JUNIOR FIREFIGHTER	FIRE POLICE		
CHIEF'S SIGNATURE DATE		NYS ID #			
	CHIEF'S SIGNATURE			DATE	