

NIAGARA COUNTY IDENTIFICATION CARD APPLICATION

PLEASE PRINT INFORMATION CLEARLY

DATE _____

LAST NAME* _____

FIRST NAME* _____

GENDER (CIRCLE ONE) MALE FEMALE

DATE OF BIRTH _____

SS# OR NYS # _____

EMS* _____

(THIS WILL PUT THE STAR OF LIFE ON THE CARD)

PLEASE CHECK ONE BOX IN EACH COLUMN. THIS WILL COLOR CODE YOUR CARD.

COLOR 1*

COLOR 2*

EMS
EXTERIOR FIREFIGHTER
INTERIOR FIREFIGHTER
HAZMAT CERTIFIED
FIRE POLICE
JR FIREFIGHTER
STAFF/INSTRUCTORS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

BLUE
YELLOW
RED
ORANGE
GREEN
STRIPED
PURPLE

FIRE COMPANY* _____

FIRE HALL ID **320** _____

PERSONAL FIRE ID _____

HOME ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE _____

MOBILE PHONE _____

FAX _____

EMAIL # 1 _____

EMAIL # 2 _____

HEIGHT _____

WEIGHT _____

EYES _____

HAIR _____

SIGNATURE* _____

CHIEF'S SIGNATURE* _____

* required information

EMERGENCY CONTACT PERSON _____

CONTACT'S PHONE _____

BLOOD TYPE _____

ORGAN DONOR YES NO

ALLERGIES YES (list) NO

MEDICAL HISTORY PLEASE CHECK THOSE THAT APPLY

- DIABETIC
- HIGH BLOOD PRESSURE
- HEART
- SEIZURES
- OTHER - PLEASE LIST _____
- BASIC EMT
- INTERMEDIATE EMT
- CRITICAL CARE EMT
- PARAMEDIC
- ORIGIN & CAUSE TEAM
- LEVEL 1 FIRE INVESTIGATOR
- LEVEL 2 FIRE INVESTIGATOR
- HAZARDOUS MATERIALS TEAM
- TECHNICAL RESCUE TEAM

ONLY SHADED INFORMATION WILL BE VISIBLE ON CARD

FIRE PERSONNEL ONLY

PLEASE CALL THE OFFICE FOR APPOINTMENT - WALK-INS ARE NOT ACCEPTABLE.

438-3176 or 438-3171