

# Steuben County Emergency Services ID Request Form

- Original Application  
 Change Request (enter required information and only info that has changed. \* indicates required fields.)

\*Date of Application/Renewal: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Organization: \_\_\_\_\_ Agency Hire Date: \_\_\_\_\_ Driver License#: \_\_\_\_\_

## APPLICANTS CONTACT INFORMATION

Phone #1: \_\_\_\_\_  Cell  Home  Work  Other \_\_\_\_\_ (check one)  
Phone #2: \_\_\_\_\_  Cell  Home  Work  Other \_\_\_\_\_ (check one)  
Phone #2: \_\_\_\_\_  Cell  Home  Work  Other \_\_\_\_\_ (check one)

Email: \_\_\_\_\_  
Email 2: \_\_\_\_\_

## APPLICANTS ADDRESS INFORMATION

\*Address (mailing): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Address (physical): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## APPLICANTS DEMOGRAPHIC INFORMATION

Gender: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Height: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

## APPLICANTS MEDICAL/EMERGENCY INFORMATION

Medical Alerts: \_\_\_\_\_

Emergency Contact Name #1: \_\_\_\_\_ Phone 1<sup>st</sup>: \_\_\_\_\_ Phone 2<sup>nd</sup>: \_\_\_\_\_

**\*\*\*\*\*PLEASE MAKE SURE YOU PRINT/COMPLETE THE SECOND PAGE TO THIS DOCUMENT\*\*\*\*\***

# Steuben County Emergency Services ID Request Form

**\*APPLICATION CONTINUED\***

**\*Last Name:** \_\_\_\_\_ **\*First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

### APPLICANTS MISCELLANEOUS INFORMATION

ICS Level: \_\_\_\_\_  
 Fire Block: Exterior Firefighter  
 EMS Block: Non EMS  
 Law Enforcement: Non Law Enforcement  
 Special Certifications: None

Note, if updating Classifications, please update all 4 classifications.

For firefighters, enter TIMS (Training ID #) \_\_\_\_\_

For EMS,(EMT, Paramedic) enter certification number: \_\_\_\_\_ Expiration date of the certification: \_\_\_\_\_

Rank: Firefighter Expiration Date: \_\_\_\_\_ (for elected officers)

**Check All that Apply:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> FF Essentials of Firemanship<br><input type="checkbox"/> FF Firefighter 1<br><input type="checkbox"/> FF Firefighter 2<br><input type="checkbox"/> FF Firefighter Basic<br><input type="checkbox"/> FF Firefighter Intermediate<br><input type="checkbox"/> FF Firefighter Advanced<br><input type="checkbox"/> FF Firefighter Scene Support<br><input type="checkbox"/> Confined Space Awareness<br><input type="checkbox"/> Confined Space Rescue Technician<br><input type="checkbox"/> Fire Apparatus Driver/Operator<br><input type="checkbox"/> Fire Officer 1<br><input type="checkbox"/> Fire Officer 2<br><input type="checkbox"/> Fire Officer 3<br><input type="checkbox"/> Fire Police<br><input type="checkbox"/> HazMat Awareness<br><input type="checkbox"/> HazMat Operations<br><input type="checkbox"/> HazMat Technician<br><input type="checkbox"/> HazMat Specialist<br><input type="checkbox"/> High Angle Rescue<br><input type="checkbox"/> Ice Rescue<br><input type="checkbox"/> Low Angle Rescue | EF<br>FF1<br>FF2<br>FFB<br>FFI<br>FFA<br>FSS<br>CSA<br>CSRT<br>FADO<br>FOI<br>FOII<br>FOIII<br>FP<br>HMA<br>HMO<br>HAZT<br>HAZS<br>HAR<br>IR<br>LAR | <input type="checkbox"/> Rapid Intervention Team<br><input type="checkbox"/> Rope Rescue Technician<br><input type="checkbox"/> Safety Officer<br><input type="checkbox"/> Swiftwater/Flood Rescue Technician<br><input type="checkbox"/> Trench Rescue Technician<br><input type="checkbox"/> Vehicle Extrication<br><input type="checkbox"/> Wilderness Search & Rescue Tech<br><input type="checkbox"/> Weapons of Mass Destruction Aware<br><input type="checkbox"/> EMS Certified First Responder<br><input type="checkbox"/> EMS Driver (Emergency Vehicle)<br><input type="checkbox"/> EMT Basic<br><input type="checkbox"/> EMT Intermediate<br><input type="checkbox"/> EMT Critical Care<br><input type="checkbox"/> EMT Paramedic<br><input type="checkbox"/> ICS100 Introduction<br><input type="checkbox"/> ICS200 Incident Command System<br><input type="checkbox"/> ICS300 Intermediate<br><input type="checkbox"/> ICS400 Advanced<br><input type="checkbox"/> ICS Incident Commander Qualified<br><input type="checkbox"/> Industrial Fire Brigade | RIT<br>RRT<br>SO<br>SFRT<br>TRT<br>VEHX<br>WSRT<br>WMDA<br>CFR<br>EVO<br>EMT<br>EMTI<br>EMTCC<br>EMTTP<br>ICS100<br>ICS200<br>ICS300<br>ICS 400<br>IC<br>IFB |
|--|---|--|--|

MISCELLANEOUS COMMENTS:

AS APPLICANT I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  
 AS FIRE CHIEF I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND I FURTHERMORE APPROVE THE  
 PRINTING OF THE ID BADGES FOR THIS APPLICANT.

**X**

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Applicants Signature

**X**

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Fire Chiefs Signature