

## ST. LAWRENCE COUNTY OFFICE OF EMERGENCY SERVICES

## **REQUEST FOR COUNTY IDENTIFICATION TAG**

DEMOGRAPHIC INFORMATION					
Name (First, MI, Last)			Date of Birth		
Mailing Address					
				<del></del>	
City			State	Zip Coo	de
Telephone (Indicate if Ce	ell or Landline) Cell	Landline	Email Address		
			ID LIEALTH INCORA	ATION	
Name (First, MI, Last)	EMERGI	ENCY CONTACT AN	ID HEALTH INFORMATE Telephone (Indicate if		
Name (First, IVII, Last)			relephone (malcate ii	Cell	Landline
List any medical alerts/in	oformation to be ad	ded to the record of t	he requestee (Not Pegu		Lanamic
List any medical alerts/information to be added to the record of the requestee (Not Required)					
SKILLS AND QUALIFICATIONS					
List any relevant skills or qualifications to be added to the record of the requestee					
IDENTIFICATION TAG INFORMATION					
Affiliated Agency			Title (I.E. Firefighter, A	AEMT-CC, Firefighter/	AEMT, etc.)
Identification Tags Requested					
[]	[]	[]	[]	[]	[]
	Fire Exterior	Fire Interior	EMS	Hazmat	OES ID Card
(Blue)	(Green)	(Red)	(Yellow)	(Orange)	(Must have OES Approval)
A photo is required. Please contact your district Deputy Fire Coordinator or the Emergency Services Office for information on how to properly take and send the photo. You may always get your photo taken on-site at the Emergency Services Office.					
How would you like the identification card delivered (Pick up at Emergency Services Office or Mailed to Department)?					
Pick up at Emergency Services Mailed to Department					
rick up at Littergeticy Services ividited to Department					
AGENCY OFFICER APPROVAL					
Agency Officer Name and Rank/Title			Signature (Electronic o	or Pen)*	
Date:					