

NIAGARA COUNTY IDENTIFICATION CARD APPLICATION

PLEASE PRINT CLEARLY

LAST NAME _____
FIRST NAME _____
DATE OF BIRTH _____
HOME PHONE _____
CELL PHONE _____
EMAIL _____
HOME ADDRESS _____
CITY/ST/ZIP _____

FIRE COMPANY _____

- QUALIFICATIONS BASIC EMT
(PRINTS ON THE BACK OF THE CARD) ADVANCED EMT
 CRITICAL CARE EMT
 PARAMEDIC
 ORIGIN & CAUSE TEAM
 FIRE INVESTIGATOR
 FIRE POLICE
 DRIVER
 CANINE
OTHER _____

GENDER MALE FEMALE WEIGHT _____
HEIGHT _____ BLOOD TYPE _____
HAIR COLOR _____ EYE COLOR _____

- COUNTY TEAMS
 FIRE POLICE TEAM
 FIRE INVESTIGATION TEAM
 HAZARDOUS MATERIALS TEAM
 TECH RESCUE TEAM

ALLERGIES YES NO
(LIST BELOW)

- MEDICAL HISTORY DIABETIC
 HIGH BLOOD PRESSURE
 HEART
 SEIZURES
OTHER _____

**EMERGENCY CONTACT
NAME _____
PHONE NUMBER _____

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE CHECK THE SKILLS THAT APPLY (TO BE FILLED OUT BY FIRE COMPANY CHIEF)

- | | |
|---|---|
| <input type="checkbox"/> EXTERIOR FIREFIGHTER | <input type="checkbox"/> EMS # _____
<small>(THIS WILL PUT THE STAR OF LIFE ON THE CARD)</small> |
| <input type="checkbox"/> INTERIOR FIREFIGHTER | <input type="checkbox"/> HAZMAT CERTIFIED |
| <input type="checkbox"/> JUNIOR FIREFIGHTER | <input type="checkbox"/> FIRE POLICE |

NYS ID # _____
(REQUIRED)

CHIEF'S SIGNATURE _____ DATE _____
(REQUIRED)

PLEASE CALL THE OFFICE FOR APPOINTMENT – WALK-INS ARE NOT ACCEPTABLE. p: 438-3176 f: 438-3173