



Herkimer County
 Office of Emergency Services
 71 Reservoir Rd.
 Herkimer, NY 13350
 Phone: 866-0974 Fax: 867-5873

John Raymond
 Director

Kelly Wares
 Deputy Director

IDENTIFICATION/ACCOUNTABILITY REGISTRATION FORM

A. Applicant Information – Please Print

Fire Department Name:		State F.D. I.D #	Start Date:	Unit #:
Name:				
Date of birth:	Height:	Eye Color:		
Physical Address:				
City:	State:	ZIP Code:		
Mailing address (if different):				
City:	State:	ZIP Code:		
Home phone:	Work phone:	Cell Phone:		
E-mail:	Pager:	Fax:		
Current Employer:		Occupation:		

Emergency Contact Info:
 Name: _____ Phone Number(s): _____

B. Relevant Certifications, Skills, Education: (Example: Bilingual, Nurse, CDL)

C. Circle one level of qualification from the 3 choices:

Interior Firefighter Qualified	SCBA qualified-Non interior	Scene support only
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D. Other Training/qualifications (circle only that apply)

Haz-Mat Ops.	Haz-Mat Technician	Fire Police
Technical Rescue: Con-space, Water, Rope		R.I.T Trained
RACES	Call sign:	Other (Explain)

E. Emergency Medical Services

EMT Level:	EMT #	EMT Expiration Date:
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F. Please read and sign if you agree to fulfill the duties and obligations mentioned below.

You will be issued a Herkimer County Emergency Service photo identification card. When you present this card at the scene of an incident it will assist in maintaining accountability. By presenting this card you are representative of your department and you are responsible to perform your duties to the level of your training. You are also assuring the Incident Commander that you are currently certified at that level and your training and physical requirements are up to date. If for any reason you leave emergency service you must turn in your tags to your Agency or the Office of Emergency Services.

I, _____ (ID Registration Applicant Signature), have read the duties and obligations assigned to maintaining my photo identification and understand my responsibility to keep my level of training up to date and participate in yearly physicals if required for my level of certification.

I, _____, of _____ verify that I have reviewed and
 (Authorized Personnel's Signature) (Department or Organization Name)
 approve the above information on _____.

Instructions for the Identification Registration Form

- A. Name:** Please print your legal name. If you use a middle initial, include it.
Date of birth, Height, and Eye Color: This information is not printed on your ID tag
Physical Address: Please print the address where you live.
Mailing Address: Please print the address you receive your mail from. Example: A Post Office Box. If you receive your mail where you live, write “same as above” in this line.
Home Phone, Work Phone, and Cell Phone: This information will be used if some one from the Office of Emergency Services needs to call you. If your number is unlisted and you do not wish to have some one call you for any reason, do not fill in your phone number(s).
Current Employer, Occupation: This is only an informational question so the Office of Emergency Services would know if you specialize in something, should there be a situation where your occupational skills were needed. An example of this a CDL license.
Department Name, Start Date, Shield, Badge, or Issued #: The county number and your department name will appear on the ID Card. Start date is only informational for the Office of Emergency Services. The Shield, Badge, or Issued # is a member number you would have been given by your fire department if they issue member numbers.
- B. Relevant Certifications, Skills, Education:** The information being asked for is non firematic . *(For example, if you are a nurse and there is an incident going on, where nurses are required, you would be looked up under the database for that skill. The same would go for someone who has a certification to operate heavy machinery such as a dump truck or crane. If you are fluent in French or another language other than English, include this information here.)*
- C. Circle all that apply:** If you are an Interior Firefighter circle this. If you have taken Essentials, Basic firefighter, or Scene Support and do not work interior at fires, circle Scene Support. If you have never taken a firematic course and are Fire Police or RACES only, circle the one that applies. The other choices are county teams or higher levels of hazmat. Circle all that apply to you. Your chief or authorized personnel will need to sign at the bottom of this form verifying he/she has reviewed the information and you are certified for everything claimed.
- D. Emergency Medical Services:** If applicable, put EMT information here.
- E. Please take time to read the duties and obligations and if you agree, sign where it says ID Registration Applicant Signature. Your Chief or authorized personnel will need to sign verifying he/she has checked your credentials, reviewed the information, and you are certified on it. There will be a cost associated with ID tags which will be billed to your organization by the Fire Chief’s Association.**

**** Have your organization submit all applications to the Office of Emergency Services 2 weeks prior to ID Tag pictures being taken****