

**CAYUGA COUNTY EMERGENCY SERVICES
PHOTO IDENTIFICATION INFORMATION**

DIRECTIONS: COMPLETE ALL SECTIONS OF THIS FORM LEGIBLY IN BLACK INK.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

SEX: _____

M/F

DATE OF BIRTH: _____

ORGANIZATION: _____ DEPT. BADGE NUMBER: _____

PLEASE CIRCLE ONE : INTERIOR NON INTERIOR

CHECK BELOW ALL THAT APPLY:

() MEDICAL PROFESSIONAL () MD () PA () RN

() AEMT - I (INTERMEDIATE) TECHNICIAN
() AEMT - CC (CRITICAL CARE) TECHNICIAN
() AEMT - P (PARAMEDIC)

() BEMT - D (BASIC) TECHNICIAN

() CFR (CERTIFIED FIRST RESPONDER)

() NON MEDICAL

() FIREFIGHTER

() FIRE POLICE

() UNDERWATER RECOVERY TEAM

() R A C E S

() HIGH ANGLE RESCUE TEAM

() AUXILIARY POLICE

() FIRE INVESTIGATION TEAM

() DEPUTY DIRECTOR / COORDINATOR / FIRE / EMS

() OTHER: _____

I, THE UNDERSIGNED, VERIFY THAT ALL THE ABOVE INFORMATION IS CURRENTLY TRUE AND ACCURATE. IN THE EVENT THAT THE ABOVE INFORMATION CHANGES OR IF ABOVE LISTED VALID CERTIFICATION EXPIRES, I WILL IMMEDIATELY GIVE THE ID CARD TO THE CHIEF OFFICER OF MY AFFILIATED AGENCY.

SIGNATURE: _____

DATE: _____

DEPT. CHIEF SIGNATURE: _____

DATE: _____

CHIEF - PRINT NAME: _____