

## Ambulance Driver Identification Card

**Instructions:** The following information must be filled out and signed by an authorized agency official and submitted to the Oneida County Emergency Management Department along with an electronic photo listing the subject's name.

**Subject Name:** The name of the subject in the following order: First Name – Middle Initial – Last Name. **Maximum of 20 characters**

**Subject Address:** The address listed on the Identification / Credential Card. **Maximum of 20 characters**

**City, State, Zip:** Name of the post office city, state is Wisconsin, mailing Zip Code. **Maximum of 20 characters**

**Authorized Signature:** Signature of the Fire Chief or First Responder Agency Supervisor. **Maximum of 20 characters**

**Authorized Official Title:** Official Title of the person authorized to sign the Identification Card (Fire Chief, Supervisor). **Maximum of 20 characters**

**Expiration Date:** Date the Ambulance Driver Identification is valid. Must be 1 year or less.

### Card Format

Picture	<b>Ambulance Driver</b>
	Subject's Name Subject's Address
	<b>Department Name</b>
Authorized Signature Printed Signature name and title	
Expiration Date:	

**Please Print**

Subject Name: \_\_\_\_\_  
(First, Middle Initial, Last)

Subject Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Department Name: \_\_\_\_\_

Authorized Official Name: \_\_\_\_\_

Authorized Official Title: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I certify the above information is correct regarding the subject and status on the above listed agency.

\_\_\_\_\_  
Authorized Agency Signature

\_\_\_\_\_  
Date