

# IDENTIFICATION / CREDENTIAL CARD FORM

**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.

**Agency Title:** The name of the emergency response agency. Example: XXX Fire Department.

**Subject Title:** The title or position the subject holds within the organization. Example: Firefighter, Chief, Captain, etc...) **Maximum of 20 characters**

**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**

**Credentials (Optional):** Check the appropriate credentials listed below to be printed on the card.

**Authorized Signature:** Signature of the head of the agency or person in charge. Example: Fire Chief.

## Credentials (Optional)

- IS 700 (National Incident Management)
- IS 800 (National Incident Management)
- ICS 100 (Incident Command System)
- ICS 200 (Incident Command System)
- ICS 300 (Incident Command System)
- ICS 400 (Incident Command System)
- Entry Level Fire Fighter I (ELFF I)
- Entry Level Fire Fighter II (ELFF II)
- HazMat Operations
- HazMat Technician
- Certified Fire Fighter I
- Certified Fire Fighter II
- 1<sup>st</sup> Responder (Emergency Medical Responder)
- EMT Basic
- EMT IV Tech
- EMT Intermediate
- Paramedic

## Card Format

Authorized Credential / Identification Card	
Picture	Agency Title
	Subjects Title
	Subjects Name
	Subjects Address
<b>Credentials</b>	
Subjects Credentials	Authorized Signature Printed Signature name and title

**Please Print**

Agency Title: \_\_\_\_\_

Subject Title: \_\_\_\_\_

Subject Name: \_\_\_\_\_

(First, Middle Initial, Last)

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

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

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

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

\_\_\_\_\_  
Date