



# Wyoming County Office of Emergency Services ID Request Form

Department \_\_\_\_\_

NIFRS # \_\_\_\_\_

NYS Training ID \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Fire Department ID # \_\_\_\_\_

Check One:    Card Update    Replacement    New

Category (Check One Only):

Fire Company

Chief

Assistant Chief

Rescue Squad

Auxiliary

Junior / Explorer

Level of Training (Check all that apply):

SCBA

Fire Police

Emergency Medical Responder

Emergency Medical Technician

Advanced Emergency Medical Technician

EMS Certification # \_\_\_\_\_

Chiefs Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Picture Taken: \_\_\_\_\_

Picture # \_\_\_\_\_

Shirt Color \_\_\_\_\_

Red – Interior

Green – Exterior

Blue – EMS

Gray – Junior/Explorer

Red/Blue – Interior/EMT

Green/Blue – Exterior/EMT

Pink – Auxiliary/Squad-10