

Photo Accountability ID

*Fire Department Name_____

*ID Tag Color Green---Interior Firefighter
 Red-----Non-Interior Firefighter
 Blue----EMS Personnel Only / NO Firefighting Privileges
 Orange-Fire Police / NO Firefighting Privileges
 Yellow-Restricted

*Last Name_____ *DOB_____

*First Name_____ DL#_____

Middle_____ DL State_____

*PID_____ DL Expires_____

*Rank_____ *Height_____

*Weight_____ *Eyes_____

*Hair_____

Qualifications_____

Home Address_____ City_____

State_____ Zip_____ Home Phone_____

Cell_____

Emergency Contact/Medical Information

Contact_____ Contact Phone #_____

Physician_____ Phone #_____

Insurance Carrier_____

Insurance Policy Number_____

Allergies_____

Medications_____

*Blood Type_____

*Mandatory Data

IF EMS ONLY list level in qualifications, such as CFR EMT EMT-I