

Steuben County Emergency Services

ID Request Form

Original Application

Change Request (enter required information and **only** info that has changed.)

*** Indicates required fields**

*Date of Application/Renewal:	Photo #:
--------------------------------------	-----------------

Organization:

*Last Name:	*First Name:	*M.I.
--------------------	---------------------	--------------

*Physical Home Address

*City:	*State:	*Zip Code:
---------------	----------------	-------------------

*Phone:	*Email:
----------------	----------------

*DOB	*SSN Last 4
-------------	--------------------

*Training NYID#: NY

Position: Jr. Fire Fighter Interior Fire Fighter Exterior Fire Fighter Safety Officer

*EMS#:

Position: EMS Driver First Aid CPR First Responder EMT Paramedic

Law Enforcement: Fire Police Police Officer

Rank: Chief Assist Chief Capt. Lieutenant Commissioner

ICS: 100 200 300 700 800

Special Certs: Haz-Tech Haz-Spec Confined Space Tech Swiftwater Tech Diver

Apparatus Operator Rapid Intervention Vehicle Extraction Rope Rescue

Other:

--	--	--	--

MISCELLANEOUS COMMENTS:

AS APPLICANT I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AS FIRE CHIEF I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND I FURTHERMORE APPROVE THE PRINTING OF THE ID BADGES FOR THIS APPLICANT.

--	--

Applicant Signature

Fire Chief Signature