PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES
Application for Unified County ID/Accountability Card

Name / Badge Number

*Last Name	*First Name	Middle Initial	Sex ☐M ☐F	*Badge/ID Number

Home Address   *Work Address*

Address			Business Name
City	State	Zip Code	Address
Home Phone	Home FAX		City	State	Zip Code
Cell Phone	Pager		Work Phone EXT	Work FAX
Personal E-Mail			Work E-Mail
Cell Phone Message Address			Job Title

Personal Information

*Date of Birth	*Height	*Weight	*Hair Color	*Eye Color	Glasses ☐ Yes ☐ No
Medical History			Long Term Medications	Allergies	

Department / Skills Information

*Department / Ambulance Corps Name	*Rank	*Classification ☐ Interior ☐ Exterior ☐ None

*EMS Level
☐ CFR ☐ EMT-B ☐ AEMT-I ☐ AEMT-CC ☐ AEMT-P ☐ AED-CPR ☐ BLS-CPR ☐ HS-CPR
☐ Basic First Aid ☐ Advanced First Aid ☐ Other:

*NYS EMS Number	*NYS EMS Expiration	*CPR Expiration	*First Aid Expiration

Special Skills

Authorization

*Cards Needed
Number Of ID Cards Needed: ☐ 0 ☐ 1   Number Of Accountability Cards Needed: ☐ 0 ☐ 1 ☐ 2

ID Authorized By (Print Name)	Title	Signature	Date

Bureau of Emergency Services

Date Received	Date Card Printed	Printed By	Card Received By

Please sign within the box

Ensure signature **DOES NOT** touch the lines

Police Use Only

**Authorized to carry
a concealed weapon: yes_____   no_____**

_____
Authorized By

* *Sections must be filled out.*