

PLEASE PRINT CLEARLY

Company/Squad _____

Full name with middle initial: _____

DOB: _____

Eye Color: _____

Hair Color: _____

Height: _____

Firefighter Class: (A,B,C,D) _____

Rescue Squad: (EMT, Paramedic) _____

Firefighter / Squad member ID number: _____

Today's Date: _____

Tag _____ Lanyard _____ No. of tags required _____

There will be a charge for each tag and lanyard issued.

Bring this completed form with you on the day of issuance.