



Clinton County OES

Standardized Credential Application

Please Print Clearly

Last Name: _____

D.O.B. _____

First Name: _____

SSN: _____

Middle Initial: _____

Date of Hire/Join: _____

Organization (Dept): _____

Driver's License #: _____

This application is for:

OES ID Accountability (2 cards)

EMS CERT:

Y ___ N ___

Driver's License Expiration: _____

Unit / Radio ID: _____

For Fire Departments requesting two cards for Accountability is this individual Interior or Exterior

Rank (please check only one – for individuals with more than one Organization/Affiliation, additional forms shall be completed for each agency/organization/affiliation/rank)

<u>FIRE</u>		<u>EMS</u>		<u>Law Enforcement</u>		<u>Emergency Mgmt/9-1-1</u>	
<input type="checkbox"/>	Fire Chief	<input type="checkbox"/>	EMS Captain	<input type="checkbox"/>	Sheriff	<input type="checkbox"/>	E9-1-1 Dispatcher
<input type="checkbox"/>	1 st Assistant Chief	<input type="checkbox"/>	EMS Assistant Captain	<input type="checkbox"/>	Undersheriff	<input type="checkbox"/>	Dispatch Supervisor
<input type="checkbox"/>	2 nd Assistant Chief	<input type="checkbox"/>	EMS Lieutenant	<input type="checkbox"/>	Chief of Police	<input type="checkbox"/>	Dispatcher
<input type="checkbox"/>	3 rd Assistant Chief	<input type="checkbox"/>	EMT Basic	<input type="checkbox"/>	Major	<input type="checkbox"/>	Director
<input type="checkbox"/>	4 th Assistant Chief	<input type="checkbox"/>	EMT-Intermediate	<input type="checkbox"/>	Captain	<input type="checkbox"/>	Assistant Director
<input type="checkbox"/>	5 th Assistant Chief	<input type="checkbox"/>	EMT-Advanced	<input type="checkbox"/>	Lieutenant	<input type="checkbox"/>	EOC Staff
<input type="checkbox"/>	Captain	<input type="checkbox"/>	EMT-Critical Care	<input type="checkbox"/>	Sergeant	<input type="checkbox"/>	DOH Director Environmental Health
<input type="checkbox"/>	Lieutenant	<input type="checkbox"/>	EMT Paramedic	<input type="checkbox"/>	Corporal	<input type="checkbox"/>	DOH Environmental Health
<input type="checkbox"/>	Chief Engineer	<input type="checkbox"/>	Medical Director	<input type="checkbox"/>	Patrolman	<input type="checkbox"/>	DOH Director
<input type="checkbox"/>	Fire Coordinator	<input type="checkbox"/>	EMS Coordinator	<input type="checkbox"/>	Police Officer	<input type="checkbox"/>	DOH Biological Terrorism Coordinator
<input type="checkbox"/>	DFC – Battalion	<input type="checkbox"/>	Deputy EMS Coordinator	<input type="checkbox"/>	Trooper	<input type="checkbox"/>	EOC Staff Communications
<input type="checkbox"/>	DFC – Hazmat	<input type="checkbox"/>	Certified First Responder	<input type="checkbox"/>	Investigator	<input type="checkbox"/>	Coroner
<input type="checkbox"/>	DFC – Fire Investigation	<input type="checkbox"/>		<input type="checkbox"/>	Detective	<input type="checkbox"/>	CCOES Staff
<input type="checkbox"/>	Firefighter					<input type="checkbox"/>	Contractor/Vendor

Qualifications (Check up to 8, check highest level certified to, Chief Officer or Department Head must sign off below on qualifications)

<u>FIRE</u>		<u>EMS</u>		<u>Law Enforcement</u>		<u>Emerg. Mgmt – Spec Ops</u>	
<input type="checkbox"/>	Airport Firefighter	<input type="checkbox"/>	EMT – Basic	<input type="checkbox"/>		<input type="checkbox"/>	ICS 100 – Intro
<input type="checkbox"/>	EVOC (Fire)	<input type="checkbox"/>	EMT – Intermediate	<input type="checkbox"/>		<input type="checkbox"/>	ICS 200 – Basic
<input type="checkbox"/>	EVOC (Heavy)	<input type="checkbox"/>	EMT – Advanced	<input type="checkbox"/>		<input type="checkbox"/>	ICS 300 – Intermediate
<input type="checkbox"/>	Apparatus Op (Pump)	<input type="checkbox"/>	EMT – Critical Care	<input type="checkbox"/>		<input type="checkbox"/>	ICS 400 – Advanced
<input type="checkbox"/>	Apparatus Op (Aerial)	<input type="checkbox"/>	Paramedic	<input type="checkbox"/>		<input type="checkbox"/>	Arson Investigator
<input type="checkbox"/>	Firefighter 1	<input type="checkbox"/>	EVOC (EMS)	<input type="checkbox"/>		<input type="checkbox"/>	State Fire Instructor
<input type="checkbox"/>	Firefighter 2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Hazmat Awareness
<input type="checkbox"/>	Firefighter 3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Hazmat Operations
<input type="checkbox"/>	RIT / FAST	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Hazmat Technician
<input type="checkbox"/>	Vehicle Extrication	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Equipment Operator
<input type="checkbox"/>	Rescue Tech Basic	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	RACES – Technician Class
<input type="checkbox"/>	Rescue Tech Adv	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	RACES – General Class
<input type="checkbox"/>	Swift water/flood Rescue	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	RACES – Extra Class

Certification of Qualifications and Emergency Vehicle Authorization (To be completed by Chief Officer or Department Head)

I hereby authorize CCOES to issue credentials to the above identified individual and certify that the qualifications checked above correctly represent the 1) EMS Cert., 2) Rank, 3) Abilities and Training levels for the individual applying for credentials on this application.

Print Name

Signature

Date

Chief or Department Head to initial appropriate lines below for specific authorizations.

_____ I hereby approve placement of an **EMS symbol** on this individuals ID card indicating that this person's EMS certifications and training are current.

_____ I hereby authorize placement of a **RED LIGHT** symbol on this individuals ID card indicating that this person is authorized to operate RED warning lights in accordance with the applicable NYS V&T sections.

_____ I hereby authorize placement of a **BLUE LIGHT** symbol on this individuals ID card indicating that this person is authorized to operate BLUE warning lights in accordance with the applicable NYS V&T sections.

_____ I hereby authorize placement of a **GREEN LIGHT** symbol on this individuals ID card indicating that this person is authorized to operate GREEN warning lights in accordance with the applicable NYS V&T sections.

Emergency Contact and Medical (To be completed by applicant, note that information is placed in bar code format on ID card. Original copies of this page of the application will be destroyed after completion of the ID card)

Emergency Contact: _____

Home: _____

Mobile: _____

Work: _____

Insurance Carrier: _____

Policy #: _____

Physician: _____

Phone: _____

Allergies: _____

Medications: _____

Blood Type: _____

Physical Description

Hair: _____

Height: _____

Eyes: _____

Weight: _____

Demographics

Address: line 1: _____

Home phone: _____

Address line 2: _____

Cell phone: _____

City: _____ **State:** _____

E-Mail: _____

Zip Code: _____