



Wyoming County Emergency Response Team
151 North Main Street
Warsaw, NY, 14569

Name: _____ Date of Birth: _____

Address: _____

Cell Phone: _____ Cell Phone Carrier: _____

Email: _____

Drivers License Number: _____

Emergency Contact Name: _____

Phone: _____

Fire Department: _____

NYSDHSES LMS ID _____

ERT Team Interest:

Haz Mat

Rope Rescue

Ice Water Rescue

I _____ declare that any statement on this application and any attachments are the truth and to the best of my knowledge correct.

Printed Name

Signature

I attest _____ is an active member in good standing of the

_____ Fire Department.

Fire Chief Name

Fire Chief Signature

Please include a copy of ICS 100 and NIMS 700 certificates with this application