



Wyoming County Office of Emergency Services

ID Request Form

Department_____

NIFRS #_____

State Training ID_____

Name_____

Date of Birth_____

Address_____

Phone Number_____

Email_____

Fire Department ID #_____

Check One: Card Update Replacement

Category (Check One Only):

New

Fire Company

Chief

Assistant Chief

Rescue Squad

Auxiliary

Junior / Explorer

Level of Training (Check all that apply):

SCBA

Fire Police

Emergency Medical Responder

Emergency Medical Technician

Advanced Emergency Medical Technician

EMS Certification #

ERT Only:	Rope Rescue	Ice Water	Water Rescue	Haz Mat
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Chiefs Signature_____

Date_____

Date Picture Taken:_____

Picture #:_____

Shirt Color_____

Red – Interior	Green – Exterior	Blue – EMS
Red/Blue – Interior/EMT	Green/Blue – Exterior/EMT	Gray – Junior/Explorer
Yellow – Fire Police	Purple – Social Member	Pink – Auxiliary/Squad-10