LAKES REGION MUTUAL FIRE AID

62 Communications Drive, Laconia, NH 03246

FIREFIGHTER ACCOUNTABILITY & PHOTO ID CARD RECORD

Name: _____
First Middle Initial Last

Title: (check one)

- ___ Chief
- ___ Deputy Chief
- ___ Assistant Chief
- ___ Captain
- ___ Lieutenant
- ___ Safety Officer
- ___ Firefighter
- ___ Probationary
- ___ Firefighter/EMT-B
- ___ Firefighter/EMT-I
- ___ Firefighter/EMT-P
- ___ First Responder
- ___ EMT-Basic
- ___ EMT-Intermediate
- ___ EMT-Paramedic
- ___ Engineer
- ___ Forest Fire Warden
- ___ Forest Fire Deputy Warden
- ___ Fire Prevention
- ___ Inspector
- ___ Explorer
- ___ Auxiliary

Officers Check here if: ___ **EMT-B** ___ **EMT-I** ___ **EMT-P** ___ **EMS Officer**

Department or Agency: _____

If photo is via e-mail or disc: File name or #: _____

Lakes Region Mutual Fire Aid is providing this photo identification for the purpose of Firefighter Accountability and fire department or agency identification.

I understand that the ID cards issued to me are the property of Lakes Region Mutual Fire Aid and shall be surrendered on demand or my separation from my department or agency.

Your department or agency must make requests for identification card renewal or re-issue.

_____ _____
Signature of Card Holder Date

_____ _____
Department Authorized Signature Date

 # Cards Requested

Fireground: ____

Wallet ID: ____

Expiration Date:

___ 5 year standard

or: _____

Revised: 12 October 2008