



Salem County Department of Emergency Services

135 Cemetery Road, Woodstown, NJ 08098
(856)769-2900

Photo Identification Request Form

Request for Salem County Department of Emergency Services Photo ID/Accountability tags must be completed and submitted with Department Head Signature. Department Head is defined as the Chief Officer of a Salem County Fire Department (Battalion Chief if the company falls under a city department), the Captain of a Salem County EMS/Ambulance Agency or the Emergency Management Coordinator of a local municipality OEM Office.

- Responders must provide a New Jersey Driver's License or Photo Identification card as proof of identity.
- Firefighter Responders will be issued 2 or 3 tags as requested by their Department Head.
- Issuance of tags to members who are not 18 years old will be at the discretion of the chief.
- Designation of multiple agencies on a card will require the advanced approval of each agency. (i.e., Salem Fire Department/Fenwick Ambulance Squad)
- I.D./Accountability tags will be issued during business hours. Advanced appointments are recommended. Special requests for appointments outside of business hours may be granted by a staff member after advanced request and arrangements are made.



Salem County Department of Emergency Services

Personnel Information															
Name:															
		<i>First</i>					<i>Last</i>								
DFS ID:					Staff #:										
Birth Date:				Sex:				Blood Type:				Organ Donor:			
Street Address:															
Municipality:							Zip Code:								
Social Security #:							Title:								
Dept. #1 Name and Title:							Dept. #2: Name and Title								
Physician:							Physician Phone #:		()						
Insurance Carrier:							Ins. Policy #:								
Emergency Contact Person:							Phone #:		()						
Allergies:															
Medications:															
Eye Color:				Hair Color:				Height:				Weight:			
Religion:															
Emergency Skills: Check All That Apply															
Fire:		FF I:		FF II:		FO I:		FO II:		FO III:		FO IV:		Prob :	
Hazmat:		Aware:		Ops:		Tech:		Rail Spc:		Carg Spe:					
Rescue		C/S		R/R		Ext									
FDID #:		Resting Pulse		Normal BP		SCBA:		Y or N							
EMS:		CPR:		1 st Resp:		EMT-B:		EMT-P:							
WMD:		Awareness:		Ops:		Technician:									
							EMS Cert. #:								
Applicant Signature and Date:							Date:								
Approving Officer Rank and Name							Approving Officer Signature								
2 nd Department Name:							2 nd Department Title:								
2 nd Department Approving Officer Rank/Name							2 nd Department Approving Officer Signature								