



180 Prosperity Drive, Suite 1
Winchester, VA 22602
540-665-0014
Fax: 540-722-0094
Toll Free: 877-208-9111

ID Badge Request Form for Non-Probationary Members

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Membership Type: Member Auxiliary Chief Other (please specify): _____

EMS Certifications (please check ALL that apply):

- | | | |
|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> EMR | <input type="checkbox"/> EMT | <input type="checkbox"/> AEMT |
| <input type="checkbox"/> EMT-I | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Driver |

Fire/Rescue Company Information:

Company: _____

County: _____

Phone: _____ Fax: _____

Email: _____

Chief: _____

Requester's Signature _____

Date _____

VERIFICATION BY CHIEF:

I, _____ (Chief's name), acknowledge this request for an ID badge for the above member. I am verifying that the above individual is a member in good standing with this company and that the above information is correct.

Chief's Signature _____

Date _____

FOR OFFICE USE ONLY	
Date form received: _____	Date badge made: _____
Initials: _____	