

FOREST COUNTY EMERGENCY MANAGEMENT

200 E Madison St Crandon, WI 54520 Phone: (715) 478-3430 forestem@co.forest.wi.us

REQUEST FOR WI-CAMS IDENTIFICATION CARD

| Date: | Agency Name: | | |
|--------------------|--------------|----------------------------|---|
| Responder Name: | | | Last 4 SSN: |
| Job Title: | | | |
| must be within EMS | | and above may also be list | nation. Qualifications are limited to 3 and ed. See Instructions for Completing |
| Qualification 1: | | | |
| Certification # | t: | Date of Issue: | Expiration Date: |
| Qualification 2: | | | |
| Certification # | t: | Date of Issue: | Expiration Date: |
| Qualification 3: | | | |
| Certification | #: | Date of Issue: | Expiration Date: |

Agency heads are responsible for all information presented to be entered into WICAMS for their individual agency. Information presented and entered is subject to audit by Wisconsin Emergency Management. ID cards created in WI-CAMS are the property of WI Emergency Management. Agency heads are responsible for collecting ID cards from departing personnel and returning them to Forest County Emergency Management for destruction and removal from WI-CAMS database. A new roster will be provided at least annually, or whenever personnel changes occur. Each responder will be issued one ID that will have expiration limit of 5 years max. Lost IDs will not be replaced, Damaged or expired IDs will need to be turned in to Forest County Emergency Management for replacement.

By signing this form, I/we confirm that the information provided is correct and valid for issuance of a responder identification card in WI-CAMS. I/we also agree that upon departure from this agency all issued WI-CAMS identification cards will be turned in/collected and returned to Forest County Emergency Management.

| Signature – Individual | Signature – Service Director |
|------------------------|------------------------------|
| Printed Name: | Printed Name: |
| Phone #: | Phone #: |

Individual should bring completed, signed form and driver's license to Forest County Emergency Management, 200 E Madison St., Crandon. <u>Call in advance</u>: 715-478-3430. Alternatively, the agency may email completed, signed form and a picture (head/shoulders with blank background) of the individual to: <u>forestem@co.forest.wi.us</u>

EMS Agency Job Titles

Emergency Medical Responder (EMR) Emergency Medical Technician (EMT) Paramedic Emergency Vehicle Operator

EMS Qualifications

Basic Emergency Medical Technician (EMT) Advanced Emergency Medical Technician (AEMT) Dive Rescue Specialist (DRS) EMT-Paramedic (EMTP) Emergency Medical Responder (EMR) Emergency Medical Service Nurse (EMS-N) Emergency Medical Service Physician (EMS-P) Emergency Vehicle Operator (EVO)[less than GVW 26,000] Emergency Vehicle Operator-Heavy [greater than GVW 26,000] (EVOH)

*If your certification is not listed, please reach out to Emergency Management directly *