

Armstrong County Public Safety

Identification Request Form



DEPARTMENT INFORMATION

DEPARTMENT	
EMERGENCY CONTACT	
EMERGENCY CONTACT #	
JOB TITLE	
JOB TITLE II	
GENDER	
DATE OF BIRTH	
SOCIAL SECURITY #	
OPERATORS LICENSE #	
OPERATOR CLASS	
CREDENTIALS	

CONTACT INFORMATION

FIRST NAME	
MIDDLE INITIAL	
LAST NAME	
HOME ADDRESS	
CITY	
STATE	
ZIP CODE	
HOME PHONE#	
WORK PHONE	
CELL PHONE	
EMAIL ADDRESS	
Signature	
Date	

NOTES

JOB TITLES – PATROLMAN, FIREFIGHTER, EMT/PARAMEDIC

JOB TITLE II – CHIEF, COORDINATOR, DIRECTOR, SUPERVISOR, OR RANK

CREDENTIALS – CHOOSE AS MANY AS APPLY BELOW

POLICE: DUI TASK FORCE; FIREARMS INSTRUCTOR

FIRE: FIREFIGHTER; FF1; FF2; FF3; FIRE POLICE

EMS: EMT; PARAMEDIC

OTHER: HAZ TECH; HAZ OPS;HAZ AWARE;WMD OPS; WND AWARE; BOMB TECH; CONF SPACE RESCUE; DECON; MCU STAFF; LEPC; NIMS 200; NIMS 300; NIMS 400; NIMS 700; NIMS 800