



Warren County Identification Card Application

Application Type: (Check all that apply)

Initial Renewal Replacement Card

First Responder - Employee Essential Employee

First Responder - Volunteer Volunteer Other Other Emergency Mang. / Response Employee

Employee / Volunteer Information (Bold items are Mandatory)

Employee ID Number: _____ **NJ Driver's License # / MVC ID #:** _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: (MM/DD/YYYY) _____ **Height: (Ft' - Inch")** _____ **Weight: (lbs)** _____ **Hair Color:** _____ **Eye Color:** _____ **Gender:** _____

Do you wear eyeglasses / contacts? Yes: No: Are you hearing impaired? Yes: No:

Employee: Municipality County State **Contact Phone Number:** _____

Employer or Volunteer Agency Information: (Bold items are Mandatory)

Name of Agency: _____ **Name of Department:** _____

Title: _____ **Work Telephone #:** _____ **Badge or ID #:: (If applicable)** _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Certification #: _____ **Permanent** **Probationary** **Retired**
(Fire, EMS, Code Enforcement) If Applicable Status (Check One) (Will effect expiration)

Date of Hire / Date Started in Volunteer Service: (mm/dd/yyyy) _____

Supervisor Name: _____ Supervisor Title: _____

Agency Name: _____ Work Telephone #: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Additional Information (Voluntary)

Physician Name: _____ Physician Telephone #: _____

Health Insurance Carrier: _____ Health Insurance Policy #: _____

Emergency Contact Name: _____ Emergency Contact Telephone #: _____

Organ Donor: (Check only one) Yes: No:

Blood type and Rh: (Check only one) A- A+ AB- AB+ B- B+ O- O+

Any known allergies? (Please list) Yes: No:

Any current medication? (Please list) Yes: No:

Significant Medical History? (Please list) Yes: No:

Religion: (Optional) _____

The information contained herein is confidential and intended only for the use of the State, County, or Municipal entity as applicable. All information on this form is privileged / confidential and for official use only. This information is considered sensitive homeland security information and will only be released when in accordance with the law.. If you are not an authorized recipient of this document, the dissemination, distribution, copying or use of the information it contains is strictly prohibited.



Warren County Identification Card Application

First Name Middle Initial Last Name (Page 2)
(Please print)

QUALIFICATIONS (Check all that apply - Circle Appropriate Level - 1 / 2 / 3 or L=Local / C=County)

<input type="checkbox"/> Director	<input type="checkbox"/> Deputy Director	<input type="checkbox"/> Office Staff	<input type="checkbox"/> Supervisor	<input type="checkbox"/> OEM Local / County
<input type="checkbox"/> Captain	<input type="checkbox"/> Lieutenant	<input type="checkbox"/> Sergeant	<input type="checkbox"/> Detective	<input type="checkbox"/> Officer / Patrolman
<input type="checkbox"/> Special 1 / 2	<input type="checkbox"/> TRT Member	<input type="checkbox"/> Rapid Depl.	<input type="checkbox"/> Arson Inv.	<input type="checkbox"/> Hostage Negotiator
<input type="checkbox"/> K-9 Officer	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Corrections	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sr. Telecomm.	<input type="checkbox"/> Telecomm.	<input type="checkbox"/> IT Technician	<input type="checkbox"/> Field Comm. Dr.	<input type="checkbox"/> Field Comm. Oper.
<input type="checkbox"/> RACES	<input type="checkbox"/> Fire Marshall	<input type="checkbox"/> Fire Inspector	<input type="checkbox"/> Fire Police	<input type="checkbox"/> Fire Coord. Local / County
<input type="checkbox"/> Safety Officer	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT - Basic	<input type="checkbox"/> EMT - Para.	<input type="checkbox"/> NJ Firefighter 1 / 2 / 3
<input type="checkbox"/> HazMat Aware.	<input type="checkbox"/> HazMat Ops.	<input type="checkbox"/> HazMat Decon	<input type="checkbox"/> HazMat Tech.	<input type="checkbox"/> NJ Fire Officer 1 / 2 / 3
<input type="checkbox"/> Public Health	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assit.	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> NJ Fire Instructor 1 / 2 / 3
<input type="checkbox"/> Med. Res. Corp.	<input type="checkbox"/> C.E.R.T.	<input type="checkbox"/> C.A.R.T	<input type="checkbox"/> S & R Team	<input type="checkbox"/> S & R Canine
<input type="checkbox"/> Management	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Foreman	<input type="checkbox"/> Laborer	<input type="checkbox"/> Equipment Operator
<input type="checkbox"/> ICS 100	<input type="checkbox"/> ICS 200	<input type="checkbox"/> ICS 300	<input type="checkbox"/> ICS 400	<input type="checkbox"/> ICS 700
<input type="checkbox"/> Apparatus Driver / Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ICS 800
<input type="checkbox"/> Incident Commander	<input type="checkbox"/> Emergency Management Coordinator - Local / County			
<input type="checkbox"/> Incident Commander Qualified	<input type="checkbox"/> Deputy Emergency Management Coordinator - Local / County			
<input type="checkbox"/> Incident Management Team	<input type="checkbox"/> Task Force / Strike Force Team Leader			
 <input type="checkbox"/> Other _____ _____ _____				

Supervisor's Action Required:

By way of my signature below I have approved the aforementioned applicant for a valid Identification Card. I have recorded and secured any certification documents listed above by the applicant.

Supervisor's Name:	Title/Agency:
Supervisor's Signature:	Work Telephone #:

Please See Page 3 for Applicant Acknowledgment

The information contained herein is confidential and intended only for the use of the State, County, or Municipal entity as applicable. All information on this form is privileged / confidential and for official use only. This information is considered sensitive homeland security information and will only be released when in accordance with the law.. If you are not an authorized recipient of this document, the dissemination, distribution, copying or use of the information it contains is strictly prohibited.



Warren County Identification Card Application

First Name	Middle Initial	Last Name (Page 3)
<i>(Please print)</i>		

ID Credential Source Documents - Agency Administration Use Only

Source Document #1:			
Issuing Authority:	Number:	Expiration:	
Additional Information:			
Source Document #2:			
Issuing Authority:	Number:	Expiration:	
Additional Information:			
State Employee Designation: {Red - Essential <input type="checkbox"/> } Weather Essential <input type="checkbox"/> Business Continuity <input type="checkbox"/>			
<i>(Check all that apply)</i>			
Employee / volunteer Vetting Level:	Level-1 <input type="checkbox"/>	Level-2 <input type="checkbox"/>	Level-3 <input type="checkbox"/> Level-4 <input type="checkbox"/>
<i>(Check One)</i>			

ID Card Issuer Information: - Agency Administration Use Only

Name:	Title:		
Agency Name: Warren County Department of Public Safety - Communication Center			
Business Address: 1024 Route 57	City: Washington	State: NJ	Zip Code: 07882
Work Telephone #:	Issuer's Signature:	Date:	

At this time, Identification Cards are issued by appointment only.

Once application is filled out completely, drop off or fax to Warren County Communication Center - 908-835-2063.

Once form has been received, you will be contacted via your contact number on page #1 for available date & time.

Applicant Acknowledgment

I have been designated by (name of agency) _____ as a first responder, essential employee or other person with emergency management / response functions and have submitted this application to obtain one Identification Card. I consent to providing the information requested in this Identification Card Application Form. I understand that it is confidential and for official use only including in the case of medical emergency. I also understand the following:

1. The Identification Card is issued to me in my name and shall be used only be me. It shall not be given, loaned, transferred to, or other used by, another individual.
2. If the Identification Card is lost, I must report the loss of the Card to my supervisor immediately and pay any fee that may be charged by **Warren County Public Safety**.
3. Upon any material change in the information provided on this form, a new identification card must be obtained and the old identification card given to the card issuer.
4. Upon cessation of employment or loss or change of status as a first responder, essential employee, or other person with emergency management / response functions, the identification card must be returned to my supervisor.
5. I hereby give my permission to (name of agency) _____ and any person authorized by it to act to administer or secure necessary first aid treatment, including emergency medical services for me, and hereby waive any and all claims of any nature arising from such act or treatment.

Applicant Signature

Date (MM / DD / YYYY)