



**Bergen County Identification Card Application  
(Non-First Responder for CERT/CART/RACES)**

| <b>Front Card Information</b>                                  |                             |  |   |
|--|-----------------------------|--|---|
| Jurisdiction   |                             | Agency   |   |
| Last Name  |                             | First Name   | Middle Initial                                |
| <b>Reverse Card Information</b>                                |                             |  |   |
| Height (feet and inches)                                       | Weight (pounds)             | Gender   | Eye Color                                     |
| Hair Color   | Date of Birth<br>MM/DD/YYYY | Social Security Number   | Rank and PID #<br>(Personal Identification #) |
| <b>Database Encoding &amp; Federal Standard Information</b>    |                             |  |   |
| New Jersey Driver's License Number<br><i>(15 characters)</i>   |                             | Driver's License State IF NOT NJ                               | DL Expiration                                 |
| Home Street Address<br><i>*must match NJ Driver's License*</i> |                             | Home Town, State & Zip <i>*must match NJ Driver's License*</i> | Home Phone                                    |
| Work Phone Number  | Cell Phone Number           |  | Fax Number                                    |
| EMAIL ADDRESS 1:   |                             |  |   |
| EMAIL ADDRESS 2:   |                             |  |   |
| <b>Medical Information (voluntary)</b>                         |                             |  |   |
| Emergency Contact Name:  |                             |  |   |
| Emergency Contact Phone:                                       |                             |  |   |
| Physician Name and phone                                       |                             |  |   |
| Health Insurance Carrier                                       |                             |  |   |
| Health Insurance Policy Number                                 |                             |  |   |

|   |                                       |                                      |                                       |  |      |     |     |      |     |
|---|---------------------------------------|--------------------------------------|---------------------------------------|--|------|-----|-----|------|-----|
| <b>LAST NAME:</b>   |                                       |                                      |                                       |  |      |     |     |      |     |
| <b>Are you an organ donor? (check one)</b>  |                                       |                                      | <input type="radio"/> yes             | <input type="radio"/> no               |      |     |     |      |     |
| <b>Blood type and Rh: (circle one)</b>  |                                       | A --                                 | A +                                   | AB --                                  | AB + | B-- | B + | O -- | O + |
| <b>Any known allergies? (please list)</b>   |                                       |                                      |                                       |  |      |     |     |      |     |
| <b>Any current medications? (please list)</b>   |                                       |                                      |                                       |  |      |     |     |      |     |
| <b>Religion</b>   |                                       |                                      |                                       |  |      |     |     |      |     |
| <b>Qualifications/Certifications</b><br><i>Check one per line – if applicable qualification or certification. Leave blank if not applicable</i> |                                       |                                      |                                       |  |      |     |     |      |     |
| <b>Incident Command</b>   | <input type="radio"/> I – 100         | <input type="radio"/> I - 200        | <input type="radio"/> I - 300         | <input type="radio"/> I - 400          |      |     |     |      |     |
| <b>Hazmat</b>   | <input type="radio"/> Awareness       | <input type="radio"/> Operations     | <input type="radio"/> Technician      | <input type="radio"/> Specialist (ABC) |      |     |     |      |     |
| <b>CBRNE</b>  | <input type="radio"/> Awareness       | <input type="radio"/> Operations     | <input type="radio"/> Technician      |  |      |     |     |      |     |
| <b>Emergency Medical</b>  | <input type="radio"/> First Responder | <input type="radio"/> EMT (BLS)      | <input type="radio"/> Paramedic (ALS) |  |      |     |     |      |     |
| <b>Fire Fighter</b>   | <input type="radio"/> FF I            | <input type="radio"/> FF II          | <input type="radio"/> FF III          |  |      |     |     |      |     |
| <b>Fire Officer</b>   | <input type="radio"/> Fire Officer 1  | <input type="radio"/> Fire Officer 2 | <input type="radio"/> Fire Officer 3  | <input type="radio"/> Fire Officer 4   |      |     |     |      |     |
| <b>Are you SCBA (Self Contained Breathing Apparatus) certified &amp; current?</b>   |                                       |                                      | <input type="radio"/> yes             | <input type="radio"/> no               |      |     |     |      |     |
| <b>Any other State or Federal licenses and/or certifications applicable to emergencies – please list below</b>                                  |                                       |                                      |                                       |  |      |     |     |      |     |
|   |                                       |                                      |                                       |  |      |     |     |      |     |