



Office of  
Chautauqua County  
**Emergency Services**

2 Academy Street, Suite A, Room 106  
Mayville, NY 14757

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**Paul M. Wendel, Jr.**  
County Executive

**Noel M. Guttman**  
Director

### Instructions for the Accountability Registration Form

**A. Name:** Please print your legal name. If you use a middle initial, include it.

**Date of Birth, Height, Eye Color, Hair Color and Gender:** This information is not printed on your accountability tag.

**Physical Address:** Please print the address where you live.

**Mailing Address:** Please print the address you receive your mail from. Example: A Post Office Box. If you receive your mail where you live, write "same as above" in this line or just leave it empty.

**Home Phone, Work Phone, Cell Phone, E-Mail, Pager, and Fax:** This information will be used if someone from the Office of Emergency Services needs to call you. If your number is unlisted and you do not wish to have someone call you for any reason, do not fill in your phone number(s).

**Current Employer, Occupation:** This is only an informational question so the Office of Emergency Services would know if you specialize in something, should there be a situation where your occupational skills were needed.

**B. Fire Department Information: FD Name, FD Number (Starts with 07), Start Date, OFPC Training#:** This information will show on your tag. The start date is only informational for the Office of Emergency Services. Your OFPC Training # can identify you throughout the state without using your social security number. This number starts off with "NY" at the beginning of it.

\*\*If your fire department issues separate member numbers you can have that added on to the end of the fire department number.

**C. Relevant Certifications, Skills, Education:**

The information being asked for is non firematic skills. *(For example, if you are a nurse and there is an incident going on, where nurses are required, you would be looked up under the database for that skill. The same would go for someone who has a certification to operate heavy machinery such as a dump truck or crane. If you are fluent in French or another language other than English, include this information here.)*

**D. Circle all that apply:** If you are an Interior Firefighter circle this. If you have taken Essentials, Basic Firefighter, or Scene Support or do not work interior at fires, circle Exterior Firefighter. If you have never taken a firematic course and are Fire Police or RACES only, circle the one that applies. The other choices are county teams or higher levels of hazmat. Circle all that apply to you.

**E. Highest Level of ICS: The order is as follows; 700, 100, 200, 800, 300, 400 (Please attach copy of certificates)**

**F. Emergency Medical Services:** If applicable, put EMT information here, including the expiration date.

**G. Health and Medical:** Please write the name and phone number of the person you want contacted in a medical emergency in addition to the name and phone number of your physician. Underneath include any allergies you may have and the names of any medications you are required to take. (Not mandatory)

**H. Please take time to read the duties and obligations and if you agree, sign on the first line under obligations. Your Chief or Team Coordinator must also sign verifying your credentials. There may be a cost associated with Accountability Tags which will be billed to your organization by the Fire Chief's Association.**

**\*\*Have your organization submit all applications to the Office of Emergency Services 2 weeks prior to Accountability Tag pictures being taken\*\***

Priority is given to those who submitted their information prior to the Accountability session. Walk-ins must wait until the end of the session to have their tag done as the new system requires more information input to generate the tag.

## ACCOUNTABILITY TAG REGISTRATION FORM

### A. APPLICANT INFORMATION - PLEASE PRINT

*Note: Applicant must be NIMS compliant to receive an accountability tag. (Minimum certified in NIMS 700 and ICS 100)*

Last Name:		First Name:		Middle Name:	
Date of Birth:	Height:	Eye Color:	Hair Color:	Gender:	
Physical Address:					
City:		State:		ZIP Code:	
Mailing Address (if different):					
City:		State:		ZIP Code:	
Home Phone:		Work Phone:		Cell Phone:	
E-mail:		Pager:		Fax:	
Current Employer:				Occupation:	

### B. FIRE DEPARTMENT INFORMATION (IF APPLICABLE)

Fire Department Name:	Fire Dept. #: 0 7 _ _ _
Start Date (mm/yy):	OFPC Training #: NY _ _ _ _ _ _ _

### C. RELEVANT CERTIFICATIONS, SKILLS, EDUCATION: (EXAMPLE: Bilingual, Nurse, CDL)

### D. CIRCLE ALL THAT APPLY (OR CIRCLE IF YOU ARE A MEMBER OF ONE OF THE TEAMS)

Interior Firefighter	Exterior Firefighter	Fire Police at your department
Hazmat 1 <sup>st</sup> Responder	Hazmat Technician	County Hazmat Response Team
County FAST Team	County Fire Police Response Team	
County Water Emergency Team	County Technical Rescue Team	
CISM County Team	RACES Call sign:	Other (Explain)

### E. Circle Highest level of ICS you have taken: 700, 100, 200, 800, 300, 400 **\*\*Please Attach a copy of your Certificates\*\***

### F. EMERGENCY MEDICAL SERVICES

EMT Level:	EMT #	EMT Expiration Date:
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### G. HEALTH AND MEDICAL

Contact Person:	Contact Phone #:
Physician Name:	Physician Phone #:
Allergies:	Medications:

### H. PLEASE READ AND SIGN IF YOU AGREE TO FULFILL THE DUTIES AND OBLIGATIONS MENTIONED BELOW.

You will be issued a Chautauqua County Emergency Service accountability tag. When you present the green tag at the scene of an incident it will assist in maintaining accountability. By presenting this tag you are a representative of your department and you are responsible to perform your duties to the level of your training. You are also assuring the Incident Commander that you are currently certified at that level and your training and physical requirements are up to date. If for any reason you leave emergency service you must turn in your tags to your Agency or the Office of Emergency Services.

I, \_\_\_\_\_, have read the duties and obligations assigned to maintaining my accountability tag and  
(Applicant Signature)  
 understand my responsibility to keep my level of training up to date and participate in yearly physicals if required for my level of certification.

I, \_\_\_\_\_, of \_\_\_\_\_ verify that I have reviewed and approve the above  
(Chief or Team Coordinator) (Fire Department or Organization Name)  
 information on \_\_\_\_\_.  
(Date)