EMS PHOTO ID BADGE
AGENCY AUTHORIZATION

Agency Name: _____

I am the Fire Chief/EMS Captain for the above-listed agency. I hereby verify that the following EMS providers are in good standing with this agency and are eligible to receive a photo ID. I will immediately advise the issuing agency if any of the EMS providers' status changes, or they are not longer associated with this agency.

☐ Fire Chief
☐ EMS Captain _____
Print Name

_____
Signature / Date

EMS Provider Name	EMS Certification Level	EMS Expiration Date	EMS Certification Number	Driver's License Number