



REQUEST FOR WI-CAMS IDENTIFICATION CARD
MARINETTE COUNTY EMS AGENCY

Date: _____ Agency Name: _____

Responder Name: _____ Last 4 SSN: _____

Rank/Title: _____

Qualifications cannot be entered in WI-CAMS without all Certification information. Qualifications are limited to 3 and must be within EMS parameters. See Instructions for Completing Request for WI-CAMS ID Card for list of acceptable qualifications.

Qualification 1: _____

Certification #: _____ Date of Issue: _____ Expiration Date: _____

Qualification 2: _____

Certification #: _____ Date of Issue: _____ Expiration Date: _____

Qualification 3: _____

Certification #: _____ Date of Issue: _____ Expiration Date: _____

Agency heads are responsible for all information presented to be entered into WICAMS for their individual agency. Information presented and entered is subject to audit by Wisconsin Emergency Management. ID cards created in WI-CAMS are the property of WI Emergency Management. **Agency heads are responsible for collecting ID cards from departing personnel and returning them to Marinette County Emergency Management for destruction and removal from WI-CAMS database.** A new roster will be provided at least annually, or whenever personnel changes occur.

By signing this form I/we confirm that the information provided is correct and valid for issuance of a responder identification card in WI-CAMS. I/we also agree that upon departure from this agency all issued WI-CAMS identification cards will be turned in/collected and returned to Marinette County Emergency Management.

Signature - Squad President

Signature - Individual

Printed Name: _____

Phone #: _____

Individual should bring completed, signed form and driver's license to Marinette County Emergency Management, 501 Pines St., Peshtigo. Call in advance: 715-732-7666/7426
Alternatively, the agency may email completed, signed form and a picture (head/shoulders) of the individual to: kfrank@marinettecounty.com.