



Steven Santa Maria
Director/Fire Coordinator

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Firefighter Accountability Tag Authorization Form

Please call the Emergency Management Office at (518) 736-5858 to schedule an appointment to create your tags.

Firefighter Information

Last Name: _____ First name: _____ MI: _____

Mailing Address: _____ Street Address: Same _____

City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Home Cell Other Alt. Phone: (____) _____ Home Cell Other

Gender: Male Female

Weight: _____ lbs.

Race: _____

Date of Birth: _____

Height: _____ ft. _____ in.

Blood Type: _____

Hair Color: _____

Eye Color: _____

Emergency Contact Name: _____ Phone: (____) _____

Accountability Tag Requested

Scene Support Member Exterior Firefighter Interior Firefighter Other: _____

1 tag 2 tags

Fire Chief Authorization

Please check YES or NO for the following questions:

1. The Firefighter listed above meets the training and qualification criteria contained in the FULTON COUNTY FIRE SERVICE MUTUAL AID PLAN, Attachment D, Firefighter Classification System, for the type of Accountability Tag being requested. YES NO
2. The Firefighter listed above has medical clearance to use Self Contained Breathing Apparatus (SCBA), in accordance with 29 C.F.R part 1910.134. YES NO
3. The Firefighter listed above is authorized to use SCBA and participate in interior/exterior firefighting evolutions/operations. YES NO
4. The Firefighter listed above has been Fit-Tested for the SCBA to be used. YES NO

**If you cannot answer the questions above because you do not know the requirement of 29 C.F.R. Part 1910 of whether the firefighter listed above is authorized to use SCAB, please contact your County Fire Coordinator or OFPC.

Fire Department: _____ FDID#: _____ Date: _____

Chief's Signature: _____ Printed Name: _____