

SAN JUAN COUNTY FIRE DEPARTMENT



PLEASE ISSUE THE FOLLOWING ITEMS TO:

NAME:	DISTRICT:
<input type="checkbox"/> Approved by FOC	<input type="checkbox"/> Drug Screen/Physical
<input type="checkbox"/> Approved by District	<input type="checkbox"/> Ability Test
<input type="checkbox"/> New Member Orientation	<input type="checkbox"/> Academy (Attending or Enrolled)

BUNKER (STRUCTURAL) GEAR

BOOTS SIZE _____

PANTS SIZE _____ SERIAL # _____

COAT SIZE _____ SERIAL # _____

GLOVES SIZE _____

HOOD SIZE ONE SIZE

HELMET COLOR _____

GEAR BAG

BRUSH (WILDLAND) GEAR

BOOTS SIZE _____

PANTS SIZE _____

COAT SIZE _____

GLOVES SIZE _____

HOOD SIZE ONE SIZE

HELMET COLOR _____

GOGGLES

MISCELLANEOUS GEAR

SCBA MASK SIZE _____

EXTRICATION GLOVES SIZE _____

HAT # _____ SIZE _____

TSHIRTS # _____ SIZE _____

ID BADGE REQUEST

<p>MEDICAL:</p> <p><input type="checkbox"/> JUNIOR MEMBER</p> <p><input type="checkbox"/> WHITE (NO MEDICAL CERT)</p> <p><input type="checkbox"/> GREEN (FR CERT)</p> <p><input type="checkbox"/> BLUE (EMT-B)</p> <p><input type="checkbox"/> YELLOW (EMT-I)</p> <p><input type="checkbox"/> RED (EMT-P)</p>	<p>FIRE:</p> <p><input type="checkbox"/> JUNIOR MEMBER</p> <p><input type="checkbox"/> WHITE (NO FIRE TRNG)</p> <p><input type="checkbox"/> GREEN (INTRO TO FF)</p> <p><input type="checkbox"/> BLUE (EXTERIOR FF ONLY, WL OR DEFENSIVE STRUCTURAL FIRES, NOT REQUIRING AN AIRPACK)</p> <p><input type="checkbox"/> RED (INTERIOR STRUCTURAL FIREFIGHTER)</p>
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DISTRICT CHIEF: _____ **DATE:** _____

By signing, the District Chief verifies the information of the firefighter receiving the gear/ID badge, and that all information is on file at district and FOC.

FIREFIGHTER: _____ **DATE:** _____

I have received all certificates and met all training requirements for the gear/ID badge being issued to me. Copies of certificates are on file with my district and FOC.

ISSUED BY: _____ **DATE:** _____