



# MANITOWOC COUNTY EMERGENCY MANAGEMENT

## ID REQUEST PROCEDURE

The City of Two Rivers Fire/Rescue (TRFR) is the designated agency to provide Manitowoc County ID cards on behalf of the Manitowoc County Emergency Management Director's Office. In doing so, The City of Two Rivers Fire/Rescue strives to be accessible to those agencies requesting ID cards. The following procedure is in place for requesting ID cards.

- Requesting ID cards:

All requests for ID cards must be processed through the Office of the Manitowoc County Emergency Management (MCEM). An ID Request form must be completed by the requesting agency's authorized representative and forwarded to the MCEM for processing.

- Authorizing ID cards:

The MCEM will verify the authenticity of the request(s) and forward the completed form to TRFR for processing.

- Processing the ID card request:

TRFR will contact the authorized agency (from information provided on the ID Request Form) and make arrangements. Several options are available:

- ❖ Provide digital pictures (jpeg format) for ID card by e-mail. (Picture must be titled by person's name). Proper authorization must accompany the request. Cards will be made available for pick up.

Schedule an appointment for the individuals to come to TRFR to have their pictures taken. Proper authorization must accompany the request. Cards will be issued immediately.

Schedule an appointment and arrange to have the equipment brought to a location that will allow for mass processing of cards, (I.E. County Association Meetings, drill sessions, etc.). Proper authorization must accompany the request. Cards will be issued immediately.

- Cataloging ID cards issued:

TRFR will provide a list, by agency/individual, to the MCEM for documentation purposes. Therefore, it is paramount agency representatives collect and return cards when individuals cease and desist being a member of the agency.

*TRFR will make every effort possible to assure confidentiality of the information provided.  
Personal information will be deleted/shredded immediately after the card is printed.*



# MANITOWOC COUNTY EMERGENCY MANAGEMENT

## ID REQUEST FORM

*An authorized agency representative only must complete this form.*

Name of Agency: \_\_\_\_\_

Type of Agency: (Please circle) Fire EMS Law VOAD Other (list) \_\_\_\_\_

Agency/Department Head: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Manitowoc County Emergency Management Director;

As the head (or designee) of the above named agency, I am authorized to submit the attached list of my agency members requesting a Manitowoc County ID card. I understand as the agency head or designee, I am responsible for issuing the ID card and the return of the ID card should any of the agency members cease and desist from being an active member of my agency. I further understand I am to contact the office of the Manitowoc County Emergency Management to inform them when members are no longer with my agency.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please print name*

Signature: \_\_\_\_\_

**For Official use only (Office of Manitowoc County Emergency Management):**

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_  
*Please print name*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MANITOWOC COUNTY EMERGENCY MANAGEMENT

## ID Card Information Form

*An authorized agency representative only must complete this form.*

Name of Agency: \_\_\_\_\_

Type of Agency: (Please circle) Fire EMS Law VOAD Other (list) \_\_\_\_\_

Agency/Department Head: \_\_\_\_\_

*Information as you want it to appear on the ID card*

Name of Member: \_\_\_\_\_

Position/title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Position/title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Position/title: \_\_\_\_\_

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