

# SCTF Photo ID and Notification Collection Form

Please Print:	Version 1.2 (10/1/08)		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Address (Street Name &amp; Number)</b>		<b>Apt. #</b>	<b>Date of Birth</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Last 4 digits of SSN</b>
<b>Employer Name</b>			
<b>Employer Address (Street Name &amp; Number)</b>			
<b>Employer City</b>		<b>Employer State</b>	<b>Employer Zip Code</b>
<b>Regional Affiliation</b> (Please Circle or Check all that apply)			
IMT	Haz-Mat Team	Technical Rescue Team	
Exec. Comm.	Decon Strike Team	PA CO-1 US&R	
LE Strike Team	EMS Task Force	Other:	
LE Tactical Team	BI&I	Other:	
<b>Contact Information</b> (indicate order to attempt contact 1 thru 10)			
<b>Order</b>			
	Business Phone 1		
	Business Phone 2		
	Email Address 1		
	Email Address 2		
	Home Phone		
	Cell Phone 1		
	Cell Phone 2		
	Other Phone		
	Fax		
	SMS Device		
	Alpha Numeric Pager		
<b>Authorizing Signature</b>		<b>Date</b>	<b>Printed Name</b>