[ ] WILL PICK UP

[ ] SEND TO PSB MAILBOX

BALTIMORE COUNTY FIRE SERVICES
PAT TAG APPLICATION

PLEASE PRINT CLEARLY AND LEGIBLY
OR WE WILL NOT BE ABLE TO MAKE YOUR TAGS

NAME _____

LAST   FIRST   M.I.

ID NUMBER _____   STATION NUMBER _____
LOSAP

CERTIFICATIONS
CHECK ONLY ONE

[ ]   **ENTRY (WHITE PAT TAG)**
Medically cleared, annual fit test, NFPA Firefighter I, HazMat Core Competency or MFRI HazMat
Operations, Maryland EMS certified or CPR/AED, Bloodborne Pathogens

[ ]   **NON-ENTRY (SILVER PAT TAG)**
Medically cleared, HazMat Core Competency, Maryland EMS certified or CPR/AED, Bloodborne
Pathogens

NOTE: Copies of all current certifications to include the fit test record must be attached to this form at time of submission to
the Officer In Charge of the Fire-Rescue Academy.

CERTIFICATIONS PROVIDED

NFPA Firefighter Level: _____   Date: _____

Maryland E.M.S. Level: _____   Date: _____

HazMat Operation (Date): _____

HazMat Core Competency (Date): _____

Bloodbourne Pathogens (Date): _____

Medically Cleared (Date): _____

Annual Fit Testing (Date): _____

CPR/AED (Date):   CPR: _____   AED: _____

Senior Company Officer Signature _____

Tags Approved By: _____   Date: _____

Tags Pick Up Location: _____

Revision 1-6-16