



PUBLIC SAFETY CAMPBELL COUNTY FIRE-EMS-911



Accountability Tag Request

Department: _____

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Chief, Captain, or Lieutenant: Yes No Unit Number: _____ Number of Tags: _____

Level of Training (Check All that Apply)

Fire : Fire Attack FF 1 FF 2 No Fire Certification

MAYDAY Operations (MAYDAY FF-Down) : Yes No MAYDAY Certification

EMS : EMT AEMT Intermediate Paramedic No EMS Certification

Please email this form to Jonaaron Evans: jmevans@co.campbell.va.us or Fax: 434-332-2957. Any questions call 434-332-9872.

Public Safety Use Only:

Issued By: _____ Date: _____