



General Responder ICC Application Form

Please clearly print all information except signatures. All information is required.

One Community - One Mission - One Program

Personal Information:

Full Legal First Name: _____ Full Legal Last Name: _____ MI: _____

Home Address: _____ City: _____ Zip Code: _____

Height: _____ Eye Color: _____ Hair Color: _____ Gender: Male Female Race: _____

Driver License Number: _____ State: _____

You must have your driver's license ready when you arrive to have your ID made. All applicants will be required to have their photograph taken at time of processing.

Employment Information/Response Agency Information:

Jurisdiction: Williamson County City of Franklin City of Brentwood City of Fairview City of Nolensville
 Town of Thompsons Station City of Spring Hill

Department: _____

Official Title: _____ (No more than 20 Characters)

Work Address: _____ City: _____ Zip Code: _____

If you are a law enforcement officer applicant you must present your badge for identification.

Emergency Response Credential:

Blood Type If Known: _____ Unknown

Please indicate certification in the following areas:

- Hazardous Materials Operations (TEMA) Hazardous Materials Technician (TEMA) Hazardous Materials Specialist (TEMA)
- Law Enforcement Officer Law Enforcement Officer - Reserve Deputy Law Enforcement Officer - Special Deputy
- Emergency Medical Responder Emergency Medical Technician Advanced Emergency Medical Technician
- Emergency Medical Technician - Paramedic

Fire Department Applicants Only: I certify that I have completed the state required 64 hours minimum training as mandated

*All above certifications are subject to and will be verified at the time of credential/identification printing.

Approval:

By signing below I verify that all of the above information is correct and current. I understand that I am not entitled to receipt of a credential and that the card if issued is the property of the Williamson County Emergency Management Agency and can be revoked or recalled at any time by the director or his designee. Furthermore I agree that should my identification be lost, misplaced, or stolen, I will notify the Williamson County Emergency Management Agency within 18 hours.

Applicant: _____ Date: _____

By signing below I hereby certify that the above named individual is a current employee/volunteer of my department or agency in good standing and that the information is correct with regard to official title, department, and certifications indicated.

Department Head/Chief: _____ Date: _____