

# STATE OF FLORIDA – DIVISION OF EMERGENCY MANAGEMENT FIRST RESPONDER AUTHENTICATION CREDENTIAL (FRAC) APPLICATION

<b>AFFILIATION</b>		<b>PLEASE PRINT ALL INFORMATION</b>			
<input type="checkbox"/> GOVERNMENT EMPLOYEE	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> RESERVIST			
<input type="checkbox"/> NON-GOVERNMENT ORG.	<input type="checkbox"/> EMERGENCY CONTRACTOR	<input type="checkbox"/> NEWS MEDIA			
AGENCY / ORGANIZATION:					
LAST NAME:		FIRST NAME:		MI:	
LAST 4 DIGITS OF SSN <small>(Employee # on Card):</small>		<input type="checkbox"/> M <input type="checkbox"/> F	EMERGENCY ACTIVATION ROLE (RANK, ESF, SECTION or BRANCH):		
BIRTH DATE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	
TITLE AT AGENCY:					
BUSINESS ADDRESS:					
CITY			STATE:	ZIP:	
OFFICE PHONE:	CELL PHONE:	E-MAIL ADDRESS:			
HOME ADDRESS:				APT #:	
CITY:		STATE:	ZIP:	HOME PHONE:	
SUPERVISOR:	TITLE:	E-MAIL ADDRESS:		PHONE:	
EMERGENCY CONTACT:					
PHONE:		RELATIONSHIP:	E-MAIL ADDRESS:		
DRIVERS LICENSE NUMBER:			STATE:	CLASS OF LICENSE:	
<b>- DO NOT WRITE BELOW THIS LINE -</b>					
AGENCY BACKGROUND CHECK COMPLETED DATE:		TIER	DHS	DOD	CERTIFICATIONS:
<input type="checkbox"/> PHOTO	<input type="checkbox"/> BIOMETRIC	<input type="checkbox"/> CHIP ENCODED		<input type="checkbox"/> MAG STRIPE	
TYPE CARD:	<input type="checkbox"/> G LEVEL 1	<input type="checkbox"/> C LEVEL 2	<input type="checkbox"/> E LEVEL 3	<input type="checkbox"/> R LEVEL 4 (NBA)	<input type="checkbox"/> V LEVEL 5 (NBA) <input type="checkbox"/> M LEVEL 6 (NBA)
DATE ISSUED:	DATE EXPIRES:	SERIAL NUMBER		FIPS CARD LASER ID #	
REQUESTED BY:	APPROVED BY:		ISSUED BY:		

ADDITIONAL INFORMATION, TRAINING, EXPERIENCE, and CERTIFICATION CONTINUATION ATTACHED

Pursuant to Chapter 119.071, Florida Statutes, this document is confidential and contains security sensitive material and is exempt from inspection and copying by any person.

**REVISED: 05/09**