



COUNTY OF MONMOUTH OFFICE OF THE FIRE MARSHAL

1027 HIGHWAY 33 EAST
FREEHOLD, NEW JERSEY 07728-9998

Fred Migliaccio
FIRE MARSHAL

OFFICE: 732-683-8856
FAX: 732-683-8864

Eligibility Form: Firefighter I.D. Card

I attest that the below individual is a firefighter in good standing with the under signed Fire Department, and request that they be issued a Monmouth County Firefighter I.D. Card.

Fire Department Name: _____

Fire Department Member Information

Firefighter's Full Name: _____

Firefighter DFS#: _____

Firefighter Email Address: _____

D.O.B.: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

(Below to be filled out by Fire Department Chief Only)

Department Chief Name (Print): _____

Department Chief Phone #: _____

Department Chief Email Address: _____

Department Chief Signature: _____ Date: _____

Please email a picture of the above firefighter (with this paperwork) to: smaloney@mcfmnj.org

**Pictures must be taken against a blank background such as a plain wall.*

**Pictures can be taken on cellphones.*