

**PLEASE RETURN TO THE CHIEF AS SOON AS POSSIBLE
EITHER HAND DELIVER or MAIL TO ADDRESS BELOW**

**UVFD
C/O CHIEF
PO BOX 21
VERBANK, NY 12585**

TODAY'S DATE: _____

NAME: _____

Email@: _____

LEGAL ADDRESS:

MAILING ADDRESS (if different):

PHONE NUMBERS:

Home: _____

Cell: _____

Business: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER LICENSE NUMBER: _____

CLASS/TYPE: _____

EXPIRATION DATE: _____

IF YOU HAVE PLEASE FILL IN

FIRE CERT NUMBER: _____

EMS CERT NUMBER: _____

EMS LEVEL: _____

EXPIRATION DATE: _____