

# Delaware State Fire School

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## Application for DELAWARE FIRE POLICE ID CARD

**\*\* Please type in boxes or print out a blank form and print information \*\***

NAME:  DATE:

DATE OF BIRTH:  LAST FOUR SOCIAL SECURITY #:

ADDRESS:

CITY:  STATE:  ZIP CODE:

CONTACT TELEPHONE NUMBER(S):

EMAIL ADDRESS:

SEX:  Male  Female BADGE NO:  ISSUE DATE:  DATE OF OATH:

EMERGENCY CONTACT:  EMERGENCY TELEPHONE NO:

Applicant Signature:  DATE:

Required: Sponsoring Organization

Sponsoring Organization Signature:

Title:

### Office Use Only

Date Received:	Received By:	<input type="checkbox"/> Approved	Reason:
Expiration Date:	Station/Org. #	<input type="checkbox"/> Denied	
Date Cards Sent and To Whom/Where:			Sent By: