

Complete the ID Card as shown below:

Front
(Print Neatly)

EMERGENCY RESPONDER IDENTIFICATION

{Your Full Name}
NAME
{Your FCC Call Sign}
TITLE
Communications - SCCo ARES/RACES/ACS
ORGANIZATIONAL –ASSIGNMENT
{Your Home Address}
HOME ADDRESS
{Your Drivers License Number}
DRIVERS LICENSE NO.

**EMERGENCY SERVICES
SANTA CLARA COUNTY
OPERATIONAL AREA**

Bearer must also have official State driver's license or DMV photo I.D. in possession. Note: The bearer of this card must obey all laws.

FORM LMSS 1912-2 (FRONT)

Back
(Sign)

The Bearer of this identification is on official business in response to an emergency or disaster situation. If safety permits, please allow passage to destination.

It is a misdemeanor to wear, carry or display without authority, any means of identification specified by the emergency agency of the state (Code 1954, 3.1.11-16; Ord No. NS-300.152, 6-15-71)

No 51102

EXPIRES END OF:
____ / ____
MO YR

CROSS OUT AREAS THAT DO NOT APPLY

**ID ONLY
DSW YES
EOC YES**

Your Signature
Signature (Bearer)

Signature Issuing Authority

FORM LMSS 1912-2 (BACK)