



# LOGAN COUNTY EMERGENCY MANAGEMENT AGENCY

Helen L. Norris, Director  
ema@co.logan.oh.us

1855 State Route 47 West  
Bellefontaine, Ohio 43311

Kendra N. Campbell, Assistant  
ema.assistant@co.logan.oh.us

Phone: 937-593-5743  
Fax: 937-592-1062

## Logan County ID Information Form

Badge # \_\_\_\_\_ - \_\_\_\_\_

Department \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_  
Title/Position Assigned

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_

Certifications & Training \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Responder / Volunteer / Employee Signature

I hereby certify that the person named above is a member of my department and authorize him/her to receive and carry a Logan County ID.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Chief/Department Authorized Signature Required

EMA Validation Signature: \_\_\_\_\_