SOUTH CAROLINA FIREFIGHTER MOBILIZATION PLAN
PERSONNEL REGISTRATION

Individual must be registered as a firefighter with the State Fire Marshal's Office per state law to participate in the mobilization plan and must be at least 18 years of age.

Date: _____ Status (Circle One): Paid / Volunteer Affiliated (Circle One): Fire / EMS

Name: _____ Birth Date: _____
First MI Last (Must be 18 years of age)

SSN: _____ Rank: _____ Paramedic / EMT Cert.# _____

Fire Department Name: _____FDID#_____

Home Address: _____ City: _____

County: _____ State: _____ Zip:_____

Home Phone:(_____)_____ Cell Phone:(_____)_____

Emergency Contact Name:_____ Emergency #:(_____)_____
First MI Last

Circle the blocks for the areas this person is qualified to perform. See section 7.2 for the required training for the following.

Medically (Physically) qualified	Yes	No	**Technical Rescue Technician**	Yes	No
Firefighter I	Yes	No	**US&R Technician**	Yes	No
Firefighter II	Yes	No	**Water Rescue Technician**	Yes	No
Pump Operator	Yes	No	**Company Officer**	Yes	No
Wildland Firefighter	Yes	No	**Command Officer**	Yes	No
Haz-Mat Operations	Yes	No	**Aerial Operator/Driver**	Yes	No
Haz-Mat Technician	Yes	No	**Heavy Rescue Technician**	Yes	No
Haz-Mat Tech. Specialist	Yes	No	**Swift Water Rescue**	Yes	No
Incident Safety Officer	Yes	No	**Certified Fire Marshal**	Yes	No
EMT	Yes	No	**Paramedic**	Yes	No

Registrant's Signature: _____

Fire Chief Print Name:_____

Fire Chief Signature: _____ Date: _____

My signature certifies that this individual is medically qualified and qualified by training or equivalency for positions indicated above in accordance with the minimum recommended requirements listed in section 7.2 of this plan.