



# Prince George's County Fire/EMS Department

## Fire Service Abilities Assessment

### Sign In Sheet



LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

IN CASE OF EMERGENCY, I AUTHORIZE YOU TO CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_