REQUEST FOR
STATE EMERGENCY MOBILIZATION SYSTEM (SEMS)
USERNAME AND PASSWORD

(Print or type the following)

FIRE DEPT. NAME_____**FDID#**_____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

COUNTY: _____ **PHONE:**_____ **FAX:** _____

FIRE CHIEF: _____

SECURED E-MAIL ADDRESS: _____

Station Name:	FDID#	Station Name:	FDID#
1.)_____	(_____)	11.)_____	(_____)
2.)_____	(_____)	12.)_____	(_____)
3.)_____	(_____)	13.)_____	(_____)
4.)_____	(_____)	14.)_____	(_____)
5.)_____	(_____)	15.)_____	(_____)
6.)_____	(_____)	16.)_____	(_____)
7.)_____	(_____)	17.)_____	(_____)
8.)_____	(_____)	18.)_____	(_____)
9.)_____	(_____)	19.)_____	(_____)
10.)_____	(_____)	20.)_____	(_____)

<u>LIST A PRIMARY ADMINISTRATOR FOR THIS DEPARTMENT</u>

PRIMARY ADMINISRTATOR _____

CHIEF'S SIGNATURE _____ **DATE** _____

For Internal Use Only:

Username Issued _____

Password Issued _____