



ACCOUNTABILITY TAG REQUEST

Member Name: _____ Date: _____

Station/Shift Assignment: _____

Reason for request: (check one) New Issue _____ Replacement _____

Operational Level	Color	Qty.	Reason for Request

Member Signature: _____

Station Chief / Supervisor Use

Recommendation: (check one) Approved _____ Not Approved _____
Does the requesting member meet the operational criteria?

Station Chief / Supervisor Review Notes:

Current Virginia OEMS Providers can be released pending the background check.

Fire Chief Approval: _____ Date: _____

Station Chief / Supervisor Signature: _____

Office Use

Fire Chief Approval: _____ Date: _____

Request Fulfilled by: _____ Date: _____