



COUNTY OF BERGEN
OFFICE OF THE COUNTY CLERK
One Bergen Plaza · Hackensack, NJ 07601-7076
(201) 336-7000 · Room 122



FIREFIGHTER EXEMPT CARD APPLICATION

PLEASE PRINT

TO: County of Bergen, Hackensack, NJ

The Undersigned hereby applies for an Identification card as proof of age and residence.

1. Full Name of Applicant _____
2. Address _____ Town & Zip Code _____
3. Height _____ Weight _____ Color of Hair _____ Color of Eyes _____
4. Date of Birth _____
5. Place of Birth _____
6. The applicant presents 1 (one or more) of the following forms:

() Fire Exempt Certificate or Letter from Exempt Association Secretary
() Exempt Membership Card
7. Identification photos will be taken at the time of application and be included in the ID card.
8. Has the applicant ever previously applied for an identification card? _____ if so, state the details

Warning: Any person not entitled thereto who shall have unlawfully procured or have issued to him/her an Identification card shall be guilty of a misdemeanor and shall be sentenced to pay a fine of not more than \$300.00 or imprisonment for not more than 60 days. R>S> 33:1-31.7

THE APPLICANT HEREBY CERTIFIES THAT ALL OF THE FOREGOING INFORMATION AND STATEMENTS ARE TRUE IN ALL RESPECTS

9. Signature of Applicant _____