Central Oregon Interagency Dispatch Center (COIDC)
2021 AD Personal Information

Name (as it appears on your ID):

First: Middle: Last:

Social Security Number: Date of Birth (DOB):

ECI #: Phone Numbers

Address: Home:

City, State, Zip Cell:

Email : Other:

Team Member? Y N What Team(s)? FAX:

List of Quals:

Who do you want us to notify if there is an emergency?

Name: Phone:

Empl Eligibility I-9 (**Exp 4 years**):			Fin Info Security FS-6500-214:		
Dir Dep Salary SF-1199a:			Dir Dep Travel FS-6500-231:		
Federal Withholding W-4:			TWO ITEMS ABOVE FAXED TO # ON **214:**		
THREE ITEMS ABOVE FAXED TO ASC **Pay:**			DRIVING Phys Fitness Inquiry OF-345:		
HSQ for Pack Test:			DRIVING **R6** App to Drive FS-6500-231:		
Pack Test Date:			DRIVING **R6** Driver Responsibilities:		
Fire Refresher Date:			Defensive DRIVING Cert (**Exp 4 years**):		
Red Card Sent to AD:			DMV DRIVING RECORD:		

	Start							Remaining
Training Hours:	80							

All AD forms and information available at: http://gacc.nifc.gov/nwcc/districts/COIDC/ADcasual.html