



CREDENTIAL REQUEST FORM

Florida Division of Emergency Management



Badging questions and completed forms should be directed to the State Watch Office (swp@em.myflorida.com).

REQUEST TYPE *(select one)*

Initial Request	Replacement Card	Reason For Replacement: _____
-----------------	------------------	-------------------------------

APPLICANT INFORMATION

Agency:		
First Name:	Last Name:	Middle Initial:
Work Email:	Primary Phone Number:	
SERT Position / Title:	Activation Role / ESF:	

Requestor Signature _____

Date _____

**** Complete *EITHER* the external or internal applicants box below ****

EXTERNAL APPLICANTS *(select one)*

ECO / Alternate ECO	ESF Lead
Duty Officer	Agency Head
Contractor: _____	
Other: _____	

INTERNAL APPLICANTS *(select one)*

Director's Office	Mitigation
Response	Preparedness
Recovery	Finance
Regional Staff	Logistics
ITM	OIG

Authorizer Signature _____

Date _____

Authorizer (Printed Name) _____

Authorizer Title _____

OPERATIONS USE ONLY

Created By:	Date Deactivated:	Credential Number:
Date Created:	Date Surrendered:	Driver's License: