Photograph	Birthdate:		
	Weight:	Height:	-1 11
	Color Hair:	Color Eyes:	Name:
or Right Index Fingerprint		<u> </u>	Departr
Emergency Worker A	ssignment (WAC 11	3-04):	Authoriz
Bearer's Signature:			Date Iss
EMD-025 (7/06) (Back)			EMD-025
Photograph	Birthdate:		\neg
	Weight:	Height:	$\exists \sqcup$
	Color Hair:	Color Eyes:	Name:
or Right Index Fingerprint		<u> </u>	Departr
Emergency Worker A	ssignment (WAC 11	3-04):	Authoriz
Bearer's Signature:			Date Is:
EMD-025 (7/06) (Back)			EMD-025
Photograph	Birthdate:	$\neg \mid \vdash $	
	Weight:	Height:	$\dashv \sqcup$
	Color Hair:	Color Eyes:	Name:
or Right Index Fingerprint			Departr
Emergency Worker A	ssignment (WAC 11	3-04):	Authoriz
Bearer's Signature:			Date Is:
EMD-025 (7/06) (Back)			EMD-025
			<u></u>
Photograph	Birthdate:		
	Weight:	Height:	$\Box \Box \Box$
	Color Hair:	Color Eyes:	Name:
or Right Index Fingerprint			Departr
Emergency Worker A	ssignment (WAC 11	3-04):	Authoria
Bearer's Signature:			Date Is:
I			

STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD

Name:

Is a registered Emergency Worker of:
Department:

Authorizing Signature:

Date Issued: Date Expired: Card No.:

EMD-025 (7/06) (Front)

THE STATE OF THE S		STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD		
Name:				
Is a registered Emergency Worker of:				
Department:				
Authorizing Signature:				
Date Issued:	Date Expir	ed:	Card No.:	
EMD-025 (7/06) (Front)				

1 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD		
Name:				
Is a registered Emergency Worker of:				
Department:				
Authorizing Signature:				
Date Issued:	Date Expired:		Card No.:	
EMD-025 (7/06) (Front)				

1000		STATE OF WASHINGTON EMERGENCY WORKER IDENTIFICATION CARD		
Name:				
Is a registered Emergency Worker of:				
Department:				
Authorizing Signature:				
Date Issued:	Date Expired:		Card No.:	
EMD-025 (7/06) (Front)				