

STATE OF FLORIDA – DIVISION OF EMERGENCY MANAGEMENT FIRST RESPONDER IDENTIFICATION CREDENTIAL (FRAC) CARD

APPLICATION INSTRUCTIONS

NOTE: This form is for new applicants who have never been issued a FRAC card. If you were previously issued a FRAC card (after June 2009) or are renewing your current FRAC card, please complete the **renewal** application located at: http://floridadisaster.org/internet_library.htm#forms

Step 1: Review the eligibility requirements for a FRAC Card Below:

APPLICANT TYPE:	REQUEST THROUGH:
All full-time SMS, SES, Career Service, and OPS Division of Emergency Management personnel.	Employee's Supervisor
All Emergency Coordinating Officers (ECO) and their alternates.	DEM Operations
Key Emergency Support Function (ESF) personnel.	Emergency Coordinating Officer
State Management Team members.	DEM Operations
Agency heads and their Chief of Staff.	External Affairs
County Emergency Management Directors.	DEM Operations
Department of Management Services personnel.	DEM Operations
Federal employees (as approved by the SERT Chief under a presidentially declared disaster).	DEM Operations (See Deputy Ops Chief desk during SEOC activations.)
FDLE Capital Police.	DEM Operations
<i>If you do not meet the eligibility criteria above, send an e-mail detailing your need for a FRAC card to security@em.myflorida.com and Operations staff will forward your exemption request to the SERT Chief for a disposition.</i>	

Step 2: Complete a recent (3 years) FDLE Tier 1 background check. We recommend that you check with your agency's personnel office to see if a recent background check is on file. If not, you will need to have an updated background check completed using one of the options below. State statute sets the cost of the background check at \$24 and the employer or sponsoring agency is responsible for the cost of the background check:

Option A: Complete the request online and receive results instantly (using a credit card):
<https://web.fdle.state.fl.us/search/app/default>

Option B: Print the form, complete, and mail payment to FDLE:
<https://web.fdle.state.fl.us/search/docs/CrimHistInfoRequest.pdf>

Step 3: Send your completed FRAC application and a copy of your background check results with **all but the last 4 digits of your SSN redacted** to FDEM Security: security@em.myflorida.com. FRAC requests or background checks sent to any other address or individual will not be honored and will not receive a response.

Step 4: Operations staff will process your application; if approved, we will contact you with a list of available appointments to have your FRAC card issued.

Step 5: On the day of your appointment, come to the State EOC Lobby (or other designated location) no earlier than 5 minutes before your assigned appointment time due to space limitations.

APPLICATION FOLLOWS ON NEXT PAGE

STATE OF FLORIDA – DIVISION OF EMERGENCY MANAGEMENT

FIRST RESPONDER AUTHENTICATION CREDENTIAL (FRAC) APPLICATION - INITIAL

ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED ELECTRONICALLY – ALL BOLD FIELDS REQUIRED

AFFILIATION:				STATUS:				
<input type="checkbox"/> GOVERNMENT EMPLOYEE		<input type="checkbox"/> EMERGENCY CONTRACTOR		<input type="checkbox"/> FULL TIME / PART TIME				
<input type="checkbox"/> NON-GOVERNMENT EMPLOYEE		<input type="checkbox"/> NEWS MEDIA		<input type="checkbox"/> RESERVIST		<input type="checkbox"/> INTERN		
AGENCY / ORGANIZATION:								
LAST NAME:			FIRST NAME:			MI:	M <input type="checkbox"/>	F <input type="checkbox"/>
BIRTH DATE:	HEIGHT:	WEIGHT:	EYE COLOR:		HAIR COLOR:	LAST 4 DIGITS SSN #:		
EMERGENCY ACTIVATION ROLE (RANK, ESF #, SECTION or BRANCH):					ACTIVATION SUPERVISOR / CONTACT:			
TITLE AT AGENCY / ORGANIZATION:								
BUSINESS ADDRESS:								
CITY:			STATE:	ZIP:		OFFICE PHONE:		
CELL PHONE:			E-MAIL ADDRESS:					
SUPERVISOR NAME:		TITLE:		E-MAIL ADDRESS:		PHONE:		
HOME ADDRESS:						APT #:		
CITY:		STATE:		ZIP:		HOME PHONE:		
EMERGENCY CONTACT NAME:				EMERGENCY CONTACT PHONE:				
RELATIONSHIP:			EMERGENCY CONTACT'S E-MAIL ADDRESS:					
APPLICANT DRIVER'S LICENSE NUMBER:				STATE:		CLASS OF LICENSE:		
DO NOT WRITE OR TYPE BELOW THIS LINE - FDEM SECURITY USE ONLY								
OPERATIONS REVIEW BY:		BACKGROUND CHECK:	N <input type="checkbox"/>	Y <input type="checkbox"/>	TIER:	DATE:	STATUS:	
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BY:		DATE:		REMARKS:		
<input type="checkbox"/> PHOTO	<input type="checkbox"/> BIOMETRIC		<input type="checkbox"/> CHIP ENCODED		ID:		<input type="checkbox"/> MAG STRIPE	
TYPE CARD:	<input type="checkbox"/> G	<input type="checkbox"/> C	<input type="checkbox"/> E	<input type="checkbox"/> R	<input type="checkbox"/> V	<input type="checkbox"/> M		
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4 (NBA)		LEVEL 5 (NBA)	LEVEL 6 (NBA)		
DATE EXPIRES:		SERIAL NUMBER:		ISSUED BY:		DATE:		