

FIRST RESPONDER APPLICATION

Applications can be mailed to:

Veteran & First Responder Friendly Businesses
3410 Plumtree Drive #101
Ellicott City, MD 21042



Name: _____

Cell Phone: _____

Email: _____

Address: _____

How did you hear about the program? _____

Criteria: Must provide identification for verification of at least one of the following:

- ☐ Picture I.D.
- ☐ Current Membership to First Responders* Organization

A qualified First Responder is identified as:

Law Enforcement Officers

Firefighters (*Volunteer or Career*)

Emergency Medical Technicians

Medical Professionals (*Nurses and Doctors*)

Must provide applicable ID

Other (please specify): _____

Verified By: _____

PRINT NAME

DATE

CARD # ISSUED

Please Select How You Would Like to Receive Your Card:

- ☐ Mail My Card
- ☐ Pick-Up Card at Program Sponsor Location

(The Bob & Ronna Group, 3410 Plumtree Drive, Ellicott City, MD 21042)

AGREE AND ACCEPT:

By signing, you agree that the above information is true and you agree to submit an image for verification. DO NOT upload any documents with sensitive information. If you want to use one of these forms of identification, they will need to be verified in person. You also agree to receive text(s) and email(s) for communication. You do not have to be a resident of Maryland to be eligible. It is an honor to carry this card. All businesses operate independently. Contact information will only be used by the Veteran & First Responder Friendly Businesses Organization and will not be given or sold to third parties. Information will be used to inform members of Veteran & First Responder events as well as information from participating Veteran & First Responder Friendly Businesses.

SIGNATURE _____ PRINT NAME _____ DATE _____

REVIEWED BY VETERAN & FIRST RESPONDER FRIENDLY BUSINESSES COUNCIL MEMBER:

SIGNATURE _____ PRINT NAME _____ DATE _____