



Critical Workforce Disaster Re-entry Permit Application

Requesting Organization: _____

Primary Point of Contact: _____

Phone Number: _____

E-mail: _____

Fax Number: _____

Number of Permits Requested: _____

Reason for Request: _____

I _____, certify that use and/or distribution of Critical Workforce Disaster Re-entry Permits by this organization, or designees of this organization, will be consistent with the Taylor County Re-entry Permit Standard Operating Guide. I further acknowledge that my organization will assume liability for these permits as misuse constitutes fraud.

Signature: _____ Date: _____

Instructions:

1) Fax the completed application to (850) 838-3523 attention Kristy Anderson or: E-mail this form completed to em.assist@taylorcountygov.com confirming this request.

TCEM Official Use Only

Approval Status: _____

Approved By: _____

Approval Date: _____

Number of Approved Passes: _____

Numerical Range: _____

Distribution Date: _____