

Amt Rec'd: \_\_\_\_\_

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Receipt No.: \_\_\_\_\_

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
**EMERGENCY MEDICAL SYSTEMS**

NV EMS #: \_\_\_\_\_

**DRIVER ONLY APPLICATION**

This application must be completed and submitted to the Nevada Division of Public and Behavioral Health EMS Office, Please indicate below if this is an initial or a renewal and include the documentation requested for that process.

**Initial Application**

- A. A check or money order for \$10.00\*\* made payable to: Division of Public and Behavioral Health EMS.
  - B. If in the last 6 months you were a resident of a state other than Nevada, submit a current driving record provided by the Department of Motor Vehicles of that state.
  - C. Evidence of successful completion of a Department of Transportation Emergency Vehicle Operation Course (EVOC) or equivalent training program approved by the Health Division
  - D. One of the following:
    - a. Two full sets of fingerprints and a check or money order in the amount of \$36.25\*\* made payable to: Division of Public and Behavioral Health EMS.
    - OR
    - b. Proof of having completed the LiveScan fingerprint process and a check or money order in the amount of \$36.25\*\* made payable to: Division of Public and Behavioral Health EMS.
- (Complete details about the LiveScan process are on page 3 of this application)

**Renewal Application**

- A. A check or money order for \$5.00\*\* made payable to: Division of Public and Behavioral Health EMS.
- B. If you are a resident of a contiguous state (i.e.: Utah, California, Idaho, Oregon, Arizona) and are working in Nevada, provide a current driving record provided by the Department of Motor Vehicles of that state.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Work) (Cell) (Home)

Name of Service you intend to be associated with: \_\_\_\_\_ Permit # \_\_\_\_\_

**1. PERSONAL INFORMATION:**

Date of Birth: \_\_\_\_\_ S.S. #: \_\_\_\_\_ Male  Female

D.L. #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

(EMS Office Use Only)			
Reviewed by: _____	Date: _____	Approve: _____	Expiration Date: _____
Deny: <input type="checkbox"/> Reason for Denial: _____			
Application complete: <input type="checkbox"/>	DMV printout: <input type="checkbox"/>	Fingerprint Cards w/fee: <input type="checkbox"/>	EVOC Training <input type="checkbox"/>
Date Entered in Database: _____		Date Printed: _____	

\*\*\$25.00 fee on all returned checks



**6. BACKGROUND CHECK**

If you are submitting via LiveScan electronic fingerprint system, you will need to provide our acct #, our ORI and our appropriate NRS citation to the LiveScan operator. They are as follows:

Account #	880485
ORI	NV0131700
Reason Fingerprinted	NRS 450B.800

Please insure the LiveScan operator does not enter their department identifier in the ORI field. The results will not be available to our office.

If your LiveScan submission is completed by Law Enforcement, please have the following statement completed:

I hereby certify that I have completed the LiveScan electronic fingerprint process for the applicant using the account information provided in this document.

Printed Name of Law Enforcement Official Submitting via LiveScan: \_\_\_\_\_

Signature of Law Enforcement Official Submitting via LiveScan: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (Sign in BLUE ink)

**\*\*Please be aware that when the LiveScan system is used the Nevada Division of Public and Behavioral Health EMS Office will automatically be billed by the Department of Public Safety (DPS). If you have not submitted your application and all applicable fees to our office by the time we receive a bill from DPS we will bill you for the background check fee of \$36.25.\*\***

If your LiveScan submission is completed by an outside vendor, please have the following statement completed:

LiveScan completed by an outside vendor:

I hereby certify that I have completed the LiveScan electronic fingerprint process for the applicant using the account information provided in this document. I further certify that the background check fee has been received from the individual being fingerprinted.

Printed Name of Official Submitting via LiveScan: \_\_\_\_\_

Signature of Official Submitting via LiveScan: \_\_\_\_\_ Date: \_\_\_\_\_

If LiveScan is not available in your area, the hard copy fingerprint cards can be submitted.

**7. CERTIFICATION OF APPLICANT:**

I hereby certify that all statements made in this application are true and understand that any misstatement of material facts may cause forfeiture on my part of all rights to licensure by the State of Nevada as an ambulance driver. In addition, I understand that my fingerprints may be forwarded to the Federal Bureau of Investigation as part of the background check conducted by the Division of Public and Behavioral Health EMS and hereby authorize such action by the Division of Public and Behavioral Health EMS.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (Sign in BLUE ink)

**ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE OR DENIAL OF LICENSE**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
EMERGENCY MEDICAL SYSTEMS  
4150 Technology Way, Suite 101  
Carson City, NV 89706  
(775) 687-7590**