



State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health
Emergency Medical Systems

REQUEST FOR AMBULANCE ATTENDANT PROVISIONAL LICENSE

I request that the student listed below be issued a provisional license as an Ambulance Attendant with the service(s) listed below in order to complete a training program for EMS Certification at the level of: EMT AEMT PARAMEDIC

Course number _____ starting _____ Date _____ and ending _____ Date _____.

Signed: _____ Date: _____
EMS course coordinator (Sign in BLUE ink)

Applicant Information

Name: _____
(Last) (First) (Middle)

Mailing Address _____
(Street / P.O. Box) (City) (County) (State) (Zip)

Driver's License # & State of Issue: _____ SS#: _____

Date of Birth: _____ MM / DD / YY Gender: Male: _____ Female: _____

Phone #: _____ / _____ E-mail address (optional): _____
Home or Cell, (circle which) (Work)

CHILD SUPPORT INFORMATION: (License cannot be issued unless the applicant provides the following information.)

Please check one of the following:

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I certify that the above information is complete and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____
Sign in BLUE ink

Service Information

1. Name of Service: _____ Permit #: _____
Name of Service Coordinator: _____ Signature: _____ Date: _____
Sign in BLUE ink

2. Name of Service: _____ Permit #: _____
Name of Service Coordinator: _____ Signature: _____ Date: _____
Sign in BLUE ink