



3. Please provide full name and mailing address of the agency which issued your EMT certificate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had an EMS certificate revoked, terminated or suspended as a result of any disciplinary action?:  Yes  No  
If yes, please explain the situation and provide information regarding final disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **CHILD SUPPORT INFORMATION:** (Certificate 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.

6. Do you intend to be associated with an ambulance service or other emergency response agency in Nevada:  Yes  No  
If yes, give name and address of service or agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. CERTIFICATION OF APPLICANT: **This application must be signed and dated.**  
I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to reciprocal certification by the State of Nevada as an Emergency Medical Technician.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sign in **BLUE** ink

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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