

Amt Rec'd: _____

Check/MO: _____

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 \$38.25** 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 \$38.25** 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:

S.S. #: _____ D.L. #: _____ State of Issue: _____

Date of Birth: _____ Male Female

**\$25.00 fee on all returned checks

(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: _____	

2. A. Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation? Yes No
- B. Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes No

If your answer to question 2.A.or 2.B. is "YES", explain fully below:

Date	City/State	Violation Give exact nature of all violations	Fine or Disposition of case

3. **PHYSICIANS STATEMENT:** (must be dated within last 6 months, may be conducted by PA or NP)

_____ is of sound physical and mental health and is free of physical defects or diseases which might impair his/her ability to drive or attend an ambulance or agency vehicle.

Physicians Signature (Sign in **BLUE** ink) Date License Number

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

4. **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.

5. **SERVICE REVIEW:**

I have reviewed this application and I approve of the applicant being issued a driver only license by the Division of Public and Behavioral Health EMS.

Service EMS Coordinator: _____ **Date:** _____
Signature (Sign in **BLUE** ink)

Service Medical Director: _____ **Date:** _____
Signature (Sign in **BLUE** ink)

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 \$38.25.****

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**