

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
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 _____ and ending _____
Date 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: _____ Gender: Male: _____ Female: _____
MM / DD / YY

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

(This section for EMS use only)

Regional Office

Date Rec'd: _____ Recommend: Approval _____ Denial: _____

Reason for Denial: _____

Provisional License Number, if other than EMS Number: _____ Date Issued: _____