

Verification of Membership in a NYS EMS Agency

Course Number

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(Please retain this number for future reference)

EMS Identification Number (If you have one)
Only write your NYS EMS number in this space

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[illegible][illegible]

Social Security Number								Month	Day	Year

Secondary EMS Agency

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[illegible][illegible][illegible]

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[illegible]

I, as an official representative of the primary NYS EMS agency listed on this form, affirm that the applicant named on this form is a member of the primary NYS EMS service. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

I, as the applicant, hereby certify that all of the information contained in this application is true and correct and that the signature below is mine as applicant. I further understand that offering or providing false information on this document may constitute a crime under the penal law and may subject any certification to revocation or other Department action.

(Date)

(Date)