



AMBULANCE OPERATOR ID CARD APPLICATION

I hereby make application for a City of Beaumont Ambulance Identification Card in accordance with the provisions of Sections 29-32, 29-33, and 29-34, Code of Ordinances, City of Beaumont, Texas.

Name (Last, First, M.I.)		Date of Birth	Age	Date of Application	
Physical Address		City		ST	Zip
Mailing Address <input type="checkbox"/> Same as Physical Address		City		ST	Zip
Texas Department of State Health Services Certification Level <input type="checkbox"/> ECA <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> LP		TX-DSHS #	Exp. Date	E-mail Address	
Texas Driver's License #	Expiration Date	Louisiana Driver's License #	Expiration Date	Phone (Anytime #)	
Employer	Owner/Supervisor	Phone	E-mail Address		
Employer's Address		City		ST	Zip
Secondary Employer	Owner/Supervisor	Phone	E-mail Address		
Secondary Employer's Address		City		ST	Zip

I **have** / **have not** (check one) been convicted of a felony or misdemeanor involving moral turpitude within the past ten years.

AFFIDAVIT

State of Texas _____ §
County of Jefferson _____ §

I _____, do solemnly swear that the above information given by me is true and correct to the best of my knowledge and belief.

Signature of Applicant Date Signed

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public, in and for the State of Texas
 My Commission Expires: _____

OFFICE USE ONLY		Approved <input type="checkbox"/> By: _____ Disapproved <input type="checkbox"/> _____ Date: _____
Renewal: _____	New: _____	
Paid Ck#: _____	Cash: _____	
Ambulance Operator's Permit: _____		