



## EMS Permit Reprint Request

Once you have filled out the form and notarized it please submit it to our office.

Date: \_\_\_\_\_

I, \_\_\_\_\_ request a reprint of ☐ EMS Driver Permit ☐ EMS Company Permit  
(Print full name)

due to:

- ☐ Never received it in the mail
- ☐ Misplaced/Lost permit

Signature: \_\_\_\_\_ Driver License#: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

The foregoing authorization letter was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

Notary public signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

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