

Amt Rec'd: _____

Check/MO: _____

Receipt No.: _____

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
EMERGENCY MEDICAL SYSTEMS

NV EMS #: _____

DRIVER ONLY APPLICATION

This application must be completed and submitted to the State EMS Office, (address listed on back). Please indicate below if this is an initial or a renewal and include the documentation requested for that process.

Initial Application

- A. Two full sets of fingerprints (forms available at regional offices) and a business check or money order in the amount of \$51.25 made payable to the Department of Public Safety.
- B. A check or money order for \$10.00** made payable to: Nevada State Health Division.
- C. 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.
- D. Evidence of successful completion of a Department of Transportation Emergency Vehicle Operation Course (EVOC) or equivalent training program approved by the Health Division

Renewal Application

- A. A check or money order for \$5.00** made payable to: Nevada State Health Division.
- 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: _____
(Home) (Work)

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

- 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

**\$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: _____	

