BEAUMONT Public Health

City of Beaumont
Department of Public Health
Emergency Medical Services

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 ☐ Same as Physical Address	City		ST	Zip
Texas Department of State Health Services Certification Level ☐ ECA ☐ EMT-B ☐ EMT-I ☐ EMT-P ☐ 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	
Renewal: _____	New: _____
Paid Ck#: _____	Cash: _____
Ambulance Operator's Permit: _____	

Approved ☐ By: _____
Disapproved ☐
Date: _____