

Verification of Membership in a NYS EMS Agency

Course Number

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(Please retain this number for future reference)

[illegible][illegible]

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[illegible][illegible][illegible]

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[illegible]

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)