



For DSHS Use Only
ZZ100-160
Receipt #
Date
Amount

To request a replacement EMS wallet card, submit completed form with check or money order.

Payable to: Texas Department of State Health Services

With Fee Mail to: Cash Receipts MC 2003 Department of State Health Services P.O. Box 149347 Austin, Texas. 78714-9347

No fee return by Email of Fax: Email: emscert@dshs.texas.gov or Fax: (512) 206-3779

Section 1 - Personnel Data TYPE OR PRINT IN BLACK INK

Select Information

Form with columns for ECA, EMT, Advanced EMT, EMT-P, EMS Instructor, EMS Information Operator Instructor, Coordinator, Licensed Paramedic, Fee, Enclosing \$10, Exempt from fee\*, and Are you requesting a copy of your

\* If exempt, complete Section 2 - Volunteer Sign-Off below.

Form with columns for Last Name, First Name, Middle Name, EMS ID Number

Address:

Form with columns for City, County, State, Zip

Form with columns for Telephone, Email

Section 2 - Volunteer Sign-Off - Complete if applicable

If you are claiming fee exempt status, this section should be completed by approved EMS Provider or FRO administrator.

This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, and does not receive compensation for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any organization, in return for compensation, other than reimbursement as described below. I have explained to the candidate that if during the certification period, they begin to receive compensation for providing emergency medical services from any organization, the exemption is inapplicable and they are required to send a prorated fee to the department. Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering

Signature of Administrator and Print Administrator Name

EMS Provider or First Responder Organization Name and City

DSHS license or registration number and Phone

Section 3 - Signature and Date

I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 773 of the Health and Safety Code, the applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.

Signature of Applicant and Date

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)