

Duplicate Card Request

Please type or print

EMT Number

Expiration Date

Name

Last and Suffix

First and Middle Initial

Name
Change

Address
Change

Address

Number and Street

Apartment Number

City

State

Zip

County

Date of
Birth

Sex

Phone
Number

Please Fax or Mail to
Certification Unit
Bureau of EMS
433 River Street
Troy, NY 12180
FAX 518-402-0985

I affirm that in accordance with the requirements of 10NYCRR Part 800. (e), I have not been convicted of or am not currently charged with any misdemeanors or felonies. I understand that if I have a conviction it will be individually reviewed and that any such conviction may not be an automatic bar to certification. The Department of Health will determine if the conviction is applicable under the provisions of 10NYCRR Part 800.

Signature _____

Date _____

“DO NOT E-MAIL” original signature required