CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073
TELEPHONE (916) 323-9875 / FAX (916) 324-2875

STATE USE ONLY
P.M.:_____ Rec:_____ By:_____
1st $_____ Type_____ R#_____
2nd $ _____ Type _____ R#_____
☐ Scanned ☐ QC

STATE OF CALIFORNIA
INITIAL OUT-OF-STATE PARAMEDIC LICENSE APPLICATION

This application is for applicants whose paramedic training was outside the state of California or who are currently licensed as a paramedic outside the state of California.

Please type or print clearly. The **non-refundable** fee in the amount of **_325** may be paid by credit card (complete credit card authorization form), check, or money order made payable to **EMS PERSONNEL FUND.**

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:

DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER (SSN) or TAXPAYER ID NUMBER (TIN)	Required, per Health & Safety Code 1797.172(c)

RESIDENTIAL ADDRESS:	CITY:	STATE:	ZIP CODE:

HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS: ☐ Do not send EMSA correspondence via email.

MAILING ADDRESS *(EMSA will send official correspondence to this address)*

☐ Same as residential. If not, complete the below:

MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

OUT-OF-STATE LICENSES/CERTIFICATES

STATE:	LICENSE/CERTIFICATE #:	EXPIRATION DATE (MM/DD/YYYY):

ADDITIONAL LICENSES/CERTIFICATES (State of Issue, #, and Expiration Date):

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS (NREMT)

PARAMEDIC WRITTEN EXAM DATE:	PARAMEDIC PRACTICAL EXAM DATE:	REGISTRATION CARD NUMBER (attach copy):

FINGERPRINT CARD or LIVE SCAN (See Instructions for details)

FINGERPRINT CARD, CA DOJ SUBMISSION DATE:	LIVESCAN DATE (attach copy of form):

QUESTIONNAIRE *(Answers are required or your application will be returned.)*

1. Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4?	YES ◯ NO ◯
2. Are any criminal charges currently pending against you?	YES ◯ NO ◯
3. Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked, fined, placed on probation, or are you currently under investigation at this time?	YES ◯ NO ◯

Important Notice

If you marked YES to any of these questions, **enclose a detailed statement** describing the accusation, charge(s)/conviction(s), case numbers, dates, location, court, sentence served, parole, probation status. Refer to instructions for further information.

SIGNATURE

I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any person or agency for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT_____ **DATE** _____

CONTINUE NE T PAGE (INSTRUCTIONS)

Initial Out-of-State Paramedic License Application

✓	INSTRUCTIONS
	Complete the Initial Out-of-State Paramedic License Application. Do not leave any section blank. Incomplete applications will be returned.
	Sign and date the application. Only original signatures are accepted.
	Attach a copy of one of the following official identification documents: – Valid California Dept. of Motor Vehicles Real ID, Driver's License, or ID card – Passport: U.S. or unexpired, valid foreign passport with valid U.S. visa and approved U.S. Department of Homeland Security Lawful Record of Admission – Birth Certificate: Certified U.S. or U.S. Territory – Government Issued Military ID with Date of Birth – U.S. Lawful Permanent Resident card – U.S. Lawful Resident Alien card
	Attach copy of paramedic course completion certificate or documentation showing proof paramedic training comparable to the 2009 DOT NHTSA National EMS Education curriculum.
	Attach a copy of either a current National EMT- P Registry (NREMT) card or proof of passing the NREMT paramedic level national certification (or Assessment) written exam and the practical exam within the last two (2) years. Exam results are available on the NREMT website at www.NREMT.org. **Acceptable documents (other than NREMT card) are as follows**: • Copy of written and practical exam results. • NREMT website printout with your name & the NREMT registry number. *If NREMT requires a Letter of Support to take the NREMT national certification written (cognitive) exam or State approval to take the Assessment written exam, contact the State in which you were licensed or received training to provide the letter. As a last resort, the CA EMS Authority may be able to assist upon reviewing your received license application, payment, and fingerprint record results.
	Attach documentation of 40 ALS patient contacts experienced during field internship or employment. If submitting employment experience, a letter on official letterhead by an applicant's employer, training program director, or medical director is required.
	If residing or visiting in California, attach a copy of a completed Live Scan Service, form #BCII 8016. All other applicants submit a completed Fingerprint Card, FD-258, to the California Department of Justice (DOJ). A list of Live Scan locations is available on the DOJ website at https://oag.ca.gov/fingerprints/locations.
	If you are or were certified/licensed in another state, complete the top portion of the Request for Verification of License/Certification Status, form #VL-01 then send a copy to each state in which you are, or were, certified/licensed with instructions for them to complete the bottom portion of the form and return it directly to the Emergency Medical Services Authority at the address on the bottom of the form.
	If you answered YES to any questions in the Questionnaire section, attach a detailed statement describing the charge(s)/conviction(s), case number, date, location, court, sentence served, parole or probation status or an applicable EMSA case number.
	Include payment in the amount of $325.00 with your application. This **non-refundable** application fee may be paid by credit card (include a completed credit card authorization form), check, or money order made payable to **EMS PERSONNEL FUND.**
	Mail the application, payment, and required documents to the following address: California Emergency Medical Services Authority Paramedic Licensure Unit 10901 Gold Center Drive, Suite 400 Rancho Cordova, CA 95670

For additional information, view our webpage at http://www.emsa.ca.gov/Paramedic or send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov.

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Drive, Ste. 400
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Paramedic Licensure Unit
Request for Licensure/Certification Verification

The California Emergency Medical Services Authority has received a request from the individual listed below to apply for Paramedic Licensure.

SECTION 1: APPLICANT to COMPLETE

Name: _____
(Last) *(First)* *(MI)*

Mailing Address: _____
(Street Number/Name) *(City)* *(State)* *(Zip)*

Street Address: _____
(If different than mailing address)

Certification/License Number: _____ State: _____

Expiration Date: _____ Social Security Number: _____

SECTION 2: VERIFYING STATE AGENCY to COMPLETE

This section to be completed by State of Certification/Licensure

1. **Is the above certificate/license valid** ☐ Yes ☐ No
   If "no", please provide an explanation:

2. **Has the above certificate/license ever been suspended or revoked** ☐ Yes ☐ No
   If "yes", please provide an explanation:

3. **Has the above person ever been convicted of a felony or misdemeanor** ☐ Yes ☐ No
   If "yes", please provide date(s) and location(s):

. **Do you know of any reason licensure in California should be denied** ☐ Yes ☐ No
   If "yes", please provide an explanation:

Date: _____

Verifying Agency Representative Name & Title: _____

Verifying Agency Information: _____
(*Department State & Name*) *(Phone Number)*

Verifying Agency Representative Signature: _____

(Continued On Back Page- Instructions)

Form # VL-01 03/2019

Applicant Instructions

1) Complete the top portion of the *Request for Licensure/Certification Verification* form.

2) Send a copy of this form to each State in which you are, or were, certified/licensed.

State Agency Instructions

1) Complete the bottom portion of the *Request for Licensure/Certification Verification* form

2) Return it directly to the Emergency Medical Services Authority at the address on the top of the form.

FOR ADDITIONAL INFORMATION:

- See our Frequently Asked Questions (FAQ's) and/or the Informational Videos at http://www.emsa.ca.gov/Paramedic; *or*
- Send your inquiries to the Emergency Medical Services Authority at paramedic@emsa.ca.gov; *or*
- Contact us by phone at (916) 323-9875

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

You may download a Request for Live Scan Service Applicant Submission form from the EMS Authority's website at www.emsa.ca.gov/licensure_forms_and_applications. Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at http://ag.ca.gov/fingerprints/publications/contact.php.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is $49 ($32 for the state and $17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] Federal Code of Regulations, Title 28, Section 16.34.

INSTRUCTIONS

All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. ***TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.***

ORI
The ORI number for the EMS Authority is **A0536**.

Type of Application
License

Job Title or Type of License, Certification or Permit:
Paramedic

Agency Address Set Contributing Agency
Emergency Medical Services Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

Mail Code
The five digit mail code assigned by DOJ is **02531**.

Contact Telephone Number
(916) 323-9875

Name of Applicant
Indicate complete name. Last Name, First Name and Middle Initial.

Alias
Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

Date of Birth
Indicate month-day-year of birth.

Sex
Check either Male or Female.

Height
Indicate your height in feet and inches.

Weight
Indicate your weight in pounds.

Eye Color
Indicate eye color.

Hair Color
Indicate hair color.

Place of Birth
Indicate the state or country of birth.

SOC
Indicate your Social Security Number.

Driver's License No.
Indicate your California Driver's License Number.

Level of Service
Check the FBI and DOJ boxes.

Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.

STATE OF CALIFORNIA
BCIA 8016
(Rev. 03/2019)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0536
ORI (Code assigned by DOJ)

EMT/PARAMEDIC/MOB INT NURSE
Authorized Applicant Type

Paramedic
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Emergency Medical Services Authority
Agency Authorized to Receive Criminal Record Information

02531
Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste. 400
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Rancho Cordova, CA 95670-6073
City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875

Instructions for Completing Fingerprint Card

As authorized by Health & Safety Code Section 1797.172, all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is $32. There is an additional fee of $17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of $49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice
P. O. Box 903417
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

IMPORTANT: FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] Federal Code of Regulations, Title 28, Section 16.34.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073
PHONE: (916) 322-4336 FAX: (916) 324-2875

INSTRUCTIONS

DO NOT FOLD CARD. Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted** Place your signature here.

2. **Residence of Person Fingerprinted**
Place your address here.

3. **Date**
Date fingerprints taken.

4. **Signature of Official Taking Fingerprints** The official taking the fingerprints should sign.

5. **Employer and Address**
EMS Authority
10901 Gold Center Drive, Ste. 400 Rancho Cordova, CA. 95670-6073

6. **Reason Fingerprinted**
License - Paramedic

7. **Name (NAM)**
Indicate complete name.

8. **Aliases (AKA)**
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).

9. **Date of Birth (DOB)**
Indicate month-day-year of birth.

10. **Sex**
Indicate sex code abbreviation.
M=Male F=Female

11. **Height (HGT)**
Indicate height in feet and inches.

12. **Weight (WGT)**
Indicate weight in pounds.

13. **Eyes**
Indicate eye color abbreviation.

BLK = Black	GRY = Gray
BLU = Blue	GRN = Green
BRO = Brown	HAZ = Hazel

1 . **Hair**
Indicate hair code abbreviation.

BAL = Bald	BRO = Brown	SDY = Sandy
BLK = Black	GRY = Gray	WHI = White
BLN = Blond	RED = Red	

15. **Place of Birth (POB)**
Indicate the state or country of birth.

16. **FBI No.**
Should be furnished if known.

17. **Social Security No. (SOC)**
Indicate Social Security number.

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

LEAVE BLANK

APPLICANT

TYPE OR PRINT ALL INFORMATION IN BLACK

LAT NAME NAM

F RS NAME

MIDDL NAME

LEAVE BLANK

;IG ..ATURE 'If P!RSON f NGERPR N EC

ALIASE> 8_M

CA0349400
B.U OF ID & IN
SACRAMENTO, CA

RhiDL'<Ct)f PERSON fi'<Go RPRINTED

DOB

C IfNSH P111

RACE

SEX

WGT.

EYES

HAIR

DAT poGNA URE C"f)I AL AK>.IC f NGER••;NI >

YOUR NO OCA

IEAVE BIANK

Emergency Medical Services Authority
10901 Gold Center Drive 4[1] Floor
Rancho Cordova CA 95670-6073

FBI NO FBI

ARMED FORCES NO MNU

CLASS

ORI CODE: A0536
MAIL CODE: 02531
LICENSE: EMT/PARMED/MOB INT NURSE

SOC IAo

ISCELLANEOUS NO MNU

R H MB

R I'"CEX

3 R M'DDNE

6 L THUMB

7 INDEX

8 M DOLE

9 I RING

10 L UTTIt

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R. IHUM8

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Sample

CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073
TELEPHONE (916) 323-9875 / FAX (916) 324-2875
paramedic@emsa.ca.gov

STATE USE ONLY

Receipt Number:

_____

CREDIT CARD AUTHORIZATION FORM

Card Type:

Visa ☐

Mastercard ☐

Debit ☐

Applicant Name:_____**P-Number**_____
(If applicable)

Name:_____
(As name appears on card)

Credit Card Number: _____
*Only Visa and Mastercard credit cards are accepted

Expiration Date (MM/YY): _____

CVC2 Code (Security Code): _____ Billing Zip Code: _____

Payment Amount: _____

Signature of Cardholder: _____

To receive a receipt of payment, please provide your email address:

_____

Do not add application information to this form.
It will be shredded.

Clear Form Print

Revised: 10/30/18
Created: 04/14/16