



ALABAMA DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF EMS AND TRAUMA
 RSA Tower, 201 Monroe Street, Suite 750
 Mail to: PO Box 303017
 Montgomery, AL 36130-3017



EMS Individual Licensure Reprint

Please Print or Type All Information

Reprint Selection:

Reprint of existing license. (\$10 fee for license reprint. Only "Photo Licenses" will be issued.)

Social Security Number: ____ - ____ - _____

Today's Date: ____/____/____

Alabama EMT License # (renewing / reclassifying only): _____

Name (Last, First, MI): _____

Home Address (No PO Box): _____

Street City State Zip

Mailing Address (If Different): _____

Street/PO BOX City State Zip

County: _____ Birthdate: ____/____/____

Home Telephone: (____) ____ - ____ Work Telephone:(____) ____ - ____ Cell Phone(____) ____ - ____

E-mail Address (if any): _____

Race: Native Am. Asian Black Hispanic White Other Gender: Male Female

A regulation photo is required for any license.
 See photo requirements below, if your service or region office has not processed a photo for you.

1. Attach a standard Passport photo
 (Info available at <http://travel.state.gov/pdf/Photo-Quality-Requirements.pdf>).
2. The EMT must present or attach a clean **color** copy of his/her "Drivers License", Military ID, or Passport.
3. Photo should be taken in business casual attire (shirt w/collar, no T-shirts) or EMS uniform.
4. Place name and "EMS license number" / SSN on the back of photos (should not be seen on picture side)

Attach Photo Here

Attach Optional Photo Here

(FOR OFFICE OF EMS & TRAUMA USE ONLY)

CURRENT EXP. DATE: _____ Existing photo replaced:

DEPOSIT #: _____ APP.REC'D: _____ FEE REC'D: _____ AMT. REC'D: \$ _____ CK/M.O.#: _____

APPROVED BY: _____ DATE: _____