



Date: \_\_\_\_\_

City of Beaumont Public Health Department
Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589

AMBULANCE IDENTIFICATION CARD APPLICATION

I hereby make application for a City of Beaumont Ambulance Identification Card in accordance with the provisions of Sections 29-32, 29-33 and 29-34, Code of Ordinances, City of Beaumont, Texas.

Name: \_\_\_\_\_ Phone (Anytime #): \_\_\_\_\_

Address (Physical) : \_\_\_\_\_
City / State / Zip Code

Address (Mailing) : \_\_\_\_\_
City / State / Zip Code

Last 4 Digits of Social Security # : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

TX Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

LA Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_
City / State / Zip Code

Secondary Employer: \_\_\_\_\_

Secondary Employer's Address: \_\_\_\_\_
City / State / Zip Code

Check the following items that are applicable and indicate expiration dates:

- ( ) Emergency Care Attendant Expiration Date: \_\_\_\_\_
( ) Emergency Medical Technician Expiration Date: \_\_\_\_\_
( ) EMT - I Expiration Date: \_\_\_\_\_
( ) EMT - P Expiration Date: \_\_\_\_\_
( ) Licensed Paramedic (LP) Expiration Date: \_\_\_\_\_

I HAVE / HAVE NOT (circle one) been convicted of a felony or misdemeanor involving moral turpitude within the past ten years.

I, \_\_\_\_\_, do solemnly swear that the above information given by me is true and correct to the best of my knowledge and belief.

Signature of Applicant

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public in and for Jefferson County, TX

APPROVED DISAPPROVED

By: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY:
Renewal: \_\_\_\_\_ New: \_\_\_\_\_
Paid CK#: \_\_\_\_\_ Cash: \_\_\_\_\_
Driver's Permit: \_\_\_\_\_