



**City of League City Ordinance 2008.26
Ambulance Attendant and Attendant-Driver
Application**



*A non-refundable permit fee of ten dollars (\$10.00) per application is due at the time of each application. No pro-rated amounts will be given. Check or money order will be accepted, payable to City of League City. No cash will be accepted. **Application and Affidavit must be completed and notarized within the past 30 days.***

Date permit issued _____

Subject to approval by the Emergency Medical Service Department. Each application expires on the last day of January following the issuance of the permit. All applicants are subject to a background check as deemed necessary by the CoLC EMS chief or his designee. Any false, misleading or omitted information on this application is a violation of the City of League City Ordinance and could be cause for denial of permit. All questions All questions must be answered.

Date _____ New _____ Renewal _____

EMAIL _____

Name _____
Last First Middle

Address _____
Street City Zip

Hair _____ Eyes _____ DOB _____ Age _____

Place of Birth _____ Ht _____ Wt _____

Home _____ Cell _____

TX DL # _____ Expires _____

SKILL LEVEL (check one)

EMT _____ EMT-I _____ EMT-P _____ LP _____

DSHS # _____ Certification Expiration _____

****NOTE: Incomplete applications will not be accepted****

Do you have a final conviction for auto theft, bad checks, burglary, theft, robbery, State or Federal controlled substances, acts, rapes, sexual abuse, indecency with a child, or abuse of a corpse, etc?

****Final conviction for other offenses will be reviewed by the EMS Chief in determination of permit issuance. Deferred adjudication for any offense must be reported.****

Yes _____ No _____

If yes, give details: _____

Can you read, write, and speak the English language? Yes _____ No _____

I certify that all answers that I have given are accurate and complete. I further authorize the City of League City, Texas to conduct a background investigation if deemed necessary by the EMS Chief or his designee. I also agree to notify the City of League City EMS Department of any changes in the information contained on this application. **This application may not be changed or altered in any other way without written permission from the EMS Chief. Any changes made without permission will make this application unacceptable.**

Signature _____ Date _____

=====

FOR CITY OF LEAGUE CITY EMS USE ONLY

Copy of Texas Driver's License	_____	_____
Copy of Texas Certification	_____	_____
Application Fee	_____	_____
If No, LCEMS Employee or Volunteer?	_____	_____

Application Approved Date _____ Inspector _____

Application Disapproved Date _____ Signature _____

Permit Issued Date _____

