



**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 _____



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AFFIDAVIT



This AFFIDAVIT is required with all new and renewal attendant /attendant-driver applications as well as any replacement or permit changes during the permit year. All questions herin must be answered completely. Failure to do so or failure to submit Affidavit will result in denial of permit, or if previously granted, revocation of permit. Application and Affidavit must be completed and notarized within

Name: Last, First, Middle
Address: Street, City, Zip
Phone: Cell
Name of Employer
Address
Phone Owner/Supervisor

In consideration of the granting of the permit hereby applied for, the applicant agrees that service of all papers, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of League City, or any Department thereof, wherein the person to whom the permit is named, may be issued by certified mail or by leaving a copy of any such paper, notice, letter, summons, complaint, or legal process with any member of his/her family or other persons with whom he/she may reside. It is further agreed by the applicant that he/she will conform to all rules and regulations of the City of League City EMS Code Enforcement, governing private ambulances.

AFFIDAVIT

State of Texas §
County of §

, being duly sworn, on his/her oath deposes and says that he/she is the individual making the foregoing application for an Ambulance Attendant/Attendant-Driver application; and, that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge.

Sworn to and subscribed before me this day of , 20

Signature of Notary Signature of Applicant

Notary Public, State of Texas My Commission Expires Signature of Owner/ Manager