



Vermont Department of Health
Emergency Medical Services
 108 Cherry St., Box 70
 Burlington, VT 05402
 802-863-7310 1-800-244-0911 (in VT)



License Status Change Application

Service Number: _____ Service Name: _____ EMS District: _____

The service listed above has obtained the training, medical control and necessary equipment to provide care as defined in **Vermont EMS Rules § 2.7-2.9 and § 3.7-3.9** at the following level (check box):

EMT - Basic

EMT - Intermediate

EMT - Paramedic

 Head of Service (print)

 Head of Service (signature)

 Date

 District Chairperson (print)

 District Chairperson (signature)

 Date

 District Medical Advisor (print)

 District Medical Advisor (signature)

 Date

NOTE: Please read the full text of Vermont EMS Rules § 2.7-2.9 (Ambulance Service License Status Change) or § 3.7-3.9 (First Responder Service License Status Change) BEFORE completing this form.