



Emergency Medical Services (EMS) Systems Volunteer License Fee Waiver Application

The Volunteer License Fee Waiver Application must be completed before further processing will be considered.

Under Section 3.50(d)(9) of the Emergency Medical Services Systems Act, an emergency medical technician (EMT) who exclusively serves as a volunteer for units of local government or a not-for-profit organization that serves a service area with a population base of less than 5,000 may submit an application to the Department for waiver of license fees on a form prescribed by the Department.

Under Section 3.60(b)(7) of the Emergency Medical Services Systems Act, a first responder who exclusively serves as a volunteer for units of local government or a not-for-profit organization that serves a service area with a population base of less than 5,000 may submit an application to the Department for a waiver of these fees on a form prescribed by the Department.

Name _____ EMT First Responder

Address _____ Current EMS License Number _____

City _____ State _____ ZIP Code _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ Phone Number _____

E-mail Address _____ EMS System _____

Personal History Statement:

Have you ever been convicted or plead guilty of any felony offense? Yes No

If yes, provide a complete and signed explanation, in your own words, of the nature of the offense and the conviction(s). An additional fee and authorization for release of information must be submitted to the Department to obtain a criminal history report from the Illinois State Police or other applicable law enforcement agency. An authorization for release of information will be required.

Child Support Statement:

Are you more than 30 days delinquent in complying with a child support order? Yes No

Under penalty of perjury, I declare that I have reviewed the above information and all supporting documents submitted by me in connection with this request and, to the best of my knowledge and belief, they are correct and complete.

Applicant Signature **Date**

I attest that the above named applicant meets the requirements of the Emergency Medical Services Systems Act for this fee waiver request.

EMS System Coordinator **Date**

