FIRST RESPONDER LICENSING APPLICATION

Last Name First Name Middle

Mailing Address

City State Zip Code

Social Security Number Date of Birth

E-mail Address

Current Telephone Number

Submit complete packet (completed FR license application, copy of course completion certificate, copy of healthcare provider CPR card & $25.00 check, money order or PO) to: NM EMS Bureau, Attn: Ute Fennicks, 1301 Siler Rd, Bldg F, Santa Fe, NM 87507.

If you are under the age of 18 you will also need to submit a notarized parental consent form & EMS service director approval.