



# PALMDALE

*a place to call home*

## AMBULANCE DRIVER OR AMBULANCE ATTENDANT PERMIT

Legal Name of Applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

California Driver's license number and expiration date: \_\_\_\_\_

Social security number: \_\_\_\_\_

Ambulance Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone number: \_\_\_\_\_

The ambulance operator's proposed service area: \_\_\_\_\_



PLEASE ATTACH A COPY OF THE FOLLOWING INFORMATION:

A photocopy of a valid California Special Driver's Certificate.

A photocopy of either an Emergency Medical Technician I or IA or II Course Completion Certificate issues by the County of Los Angeles or a certificate for an Emergency Medical Technician-Paramedic issued by the Director of Health Services, unless the applicant is a physician or registered nurse licensed by the State of California. In which case we need a copy of the state license.

**I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature Title Date

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### OFFICE USE ONLY

Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Receipt: # \_\_\_\_\_

Los Angeles County Sheriff's Dept: \_\_\_\_\_

Signature Date

Director of Planning: \_\_\_\_\_

Signature Date