

Delaware State Fire Prevention Commission

1463 Chestnut Grove Road

Dover, DE 19904

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**Application for
Emergency Medical Technician**

This application is to be used if you are getting your EMT License for the 1st time ever
and/or if you are renewing your EMT license.

Initial Certification Re-Certification

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Number(s): _____ Email Address: _____

DE. State EMT # _____ National Registry # _____ Exp. Date: _____

Have you been charged or convicted of a Felony? No Yes (If Yes, Attach documents to this form)

I attest that all information provided and attached to this for is true

Applicant's Signature: _____ Date: _____

**** This section is *only* Required for Initial Certifications only ****

Sponsoring Organization _____ Station # _____

Sponsoring Organization Signature: _____ Title _____

Incomplete Application will be returned

Do you have the following documents? EMT Certificate, National Registry Card, Current BLS Provider CPR-AED Card

Processing Fee \$10.00 Cash Check # _____ Credit Card: VISA MASTER CARD DISCOVER

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name on Credit Card: _____

Office Use Only: Application Received/Initial: _____ Approved Denied
Exp. Date on EMT Card: _____ Date Card was emailed & mailed/Initial: _____