



Dane County EMS



MEMBER INFORMATION & DRIVER'S LICENSE REVIEW FORM

DISTRICT: _____ DATE: _____

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
HOME PHONE:		WORK PHONE:		
DATE OF BIRTH:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say		
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
EMAIL ADDRESS:				
EMT LICENSE NUMBER (if applicable):		START DATE: (if applicable; see below)		
WISCONSIN DRIVER'S LICENSE NUMBER:				
[NOTE: Any individual not possessing a valid Wisconsin Driver's License will be denied insurability and driving privileges.]				
Role (Please Check Primary Role Only):				
<input type="checkbox"/> Admin/Honorary/Observer	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT-Intermediate-99		
<input type="checkbox"/> Driver Only	<input type="checkbox"/> First Responder-Defib	<input type="checkbox"/> EMT-Paramedic		
<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> EMT-Basic Advanced Skills			
<input type="checkbox"/> EMT-Basic Trainee	<input type="checkbox"/> EMT-Intermediate Technician			
Is this member also a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> BACKGROUND CHECK ONLY				
(The district will contact the Dane County EMS office when individual is added to roster.)				

Dane County provides the vehicle and liability insurance for the EMS District. The County reserves the right to deny insurance coverage to individuals who do not meet the minimum standards of insurability. A driver's license review consists of obtaining driving records on file with the Wisconsin Department of Transportation and checking the Dane County Sheriff's Office records. Information discovered during the review may be further investigated as necessary to determine insurability.

I (name of applicant), _____, authorize Dane County Department of Emergency Management, EMS Division, to conduct a driver's license review.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF DISTRICT DIRECTOR, TRAINING DIRECTOR, OR DESIGNEE	

Return to: morency.courtney@countyofdane.com