



# Dane County EMS



## MEMBER INFORMATION & DRIVER'S LICENSE REVIEW FORM

DISTRICT: Dane County EMS District 14 DATE: \_\_\_\_\_

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
HOME PHONE: ( ) - -		WORK PHONE: ( ) - - , Ext.		
PAGER #: ( ) - -		OTHER PHONE: (please specify) ( ) - -		
SOCIAL SECURITY NUMBER: - -		DATE OF BIRTH:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS: (Street and P.O. Box, if applicable)				
CITY:		STATE:	ZIP CODE + 4: -	
EMAIL ADDRESS:				
EMT LICENSE NUMBER (if applicable):		APPOINTMENT 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 <b>Primary Role</b> Only):				
<input type="checkbox"/> Administration	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT-Basic Advanced Skills		
<input type="checkbox"/> Honorary	<input type="checkbox"/> First Responder-Defib	<input type="checkbox"/> EMT-Intermediate Technician		
<input type="checkbox"/> Observer	<input type="checkbox"/> EMT-Basic Trainee	<input type="checkbox"/> EMT-Intermediate-99		
<input type="checkbox"/> Driver Only	<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> EMT-Paramedic		
Is this member also a driver? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> <b>BACKGROUND CHECK ONLY</b>				
The district will contact the Dane County EMS office if an appointment date becomes available.				

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: Dane County EMS Division  
115 W. Doty St., Room 2107  
Madison, WI 53703-3202  
Fax: 608.266.4500