



**AMBULANCE DRIVER
 EMERGENCY MEDICAL TECHNICIAN BASIC
 EMERGENCY MEDICAL TECHNICIAN ADVANCED
 LICENSE APPLICATION**
Allow 10 working days for approval
 Renewals due Dec. 20 and expire Dec. 31

CITY LICENSE 455 N Main – 1st Floor Wichita KS 67202
 (316) 268-4553

Date _____

AMBULANCE DRIVER

_____ New, Fee \$15 annually
 _____ Renewal, Fee \$5 annually

EMERGENCY MEDICAL TECHNICIAN

_____ Basic, Fee \$5 annually (new & renewal)
 _____ Advanced, Fee \$5 annually (new & renewal)

APPLICANT INFORMATION

Name (first, middle, last)									
Residential Address				Phone Number					
City, State				Zip Code					
Email									
Eye Color		Hair Color		Height		Weight		Gender	
KS Driver's Lic #				Expiration Date		Date of Birth			

- How long have you lived in Wichita, Kansas? _____
- Have you ever been licensed as an Ambulance Driver or EMT before? YES _____ NO _____
 When? _____ Where? _____
- Has your Ambulance Driver or EMT license ever been suspended or revoked? YES _____ NO _____
 When? _____ Where? _____
 Why? _____
- Have you ever been arrested or convicted for traffic violations? YES _____ NO _____
 How many times? _____ When? _____ Where? _____
 Why? _____
- Have you ever been convicted of a felony or misdemeanor? YES _____ NO _____
 Why? _____
- Are you familiar with:
 - City Ordinance regulating ambulance driver and emergency medical technicians? YES _____ NO _____
 - Traffic Laws for the City of Wichita? YES _____ NO _____
 - Geography of the City of Wichita? YES _____ NO _____

BUSINESS INFORMATION

Business Name		Phone Number	
Address		Zip	

The applicant must furnish:

- Two recent passport photographs.
- (New applications) The names, addresses, and phone numbers of three reputable persons residing in the city to be used as character references.
- (New applications) A certificate signed by a physician licensed to practice medicine and surgery in the state of Kansas stating that the applicant is of sound physique with good eyesight and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render the applicant unfit for the safe operation of an ambulance.

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements there of as they pertain to my license. Further, I understand that before the requested license is approved all of the above answers will be reviewed and verified. Any falsification of the above may cause it to be disapproved. I also understand that the application fee is not refundable.

 Signature of Applicant

 Date

FOR OFFICIAL USE ONLY

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE