



Dane County EMS



MEMBER INFORMATION & DRIVER'S LICENSE REVIEW FORM

District _____ Date _____

Last Name		First Name		Middle Initial
Street Address				
City		State	ZIP Code	
Home Phone ()		Work Phone ()		
Social Security Number		Date of Birth		Gender (M/F)
EMT License Number (if applicable)		Start Date (if currently applicable)		
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 a <input type="checkbox"/> Driver Only		<input type="checkbox"/> EMT-Basic Trainee <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Basic Advanced Skills		<input type="checkbox"/> IV-Technician a <input type="checkbox"/> EMT-Intermediate a <input type="checkbox"/> EMT-Paramedic
<input type="checkbox"/> First Responder <input type="checkbox"/> First Responder-Defib				

Background Check Only (district will contact DCEMS 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 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.

Applicant Signature _____ Date _____

District Director Signature _____

Return to: Dane County EMS Division
115 W. Doty St., Room 2107
Madison, WI 53703-3202
Fax: (608) 266-4500