



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

Form C-09-A

VOLUNTARY SURRENDER OF EMS LICENSE

Date

PERSONAL INFORMATION		
Name	First Name *	Middle Name Last Name *
License Number(s)		
Mailing Address	1st Line Address (P.O. BOX, Apartment, Suite, etc.) *	
	2nd Line Address (Number and Street) *	
	City *	State * Zip Code *

I affirm that I am the above referenced licensed Emergency Medical Services (EMS) provider and I hereby submit this Voluntary Surrender of License affidavit, surrendering my _____ license, number _____ issued to me by the Georgia Office of EMS and Trauma. I understand that as a result of my surrender of this license I am no longer licensed to serve under the surrendered license and will notify any EMS employer of such.

I further understand that in order to again become a licensed EMS provider in Georgia, I will have to meet the requirements set forth by Rules and Regulations of the Office of EMS and Trauma, up to and including successfully completing the initial education (i.e. - a State-approved initial education course); and, obtaining a current and valid national registration with the National Registry of Emergency Medical Technicians (NREMT).

This Voluntary Surrender of License must include a summary of the reason for the surrender. Please give a brief summary or description of the reason for the license surrender:

I understand and have knowledge of the consequences of signing this document, and have been given the opportunity to ask questions.

SWORN TO and subscribed before me on the _____ day of _____, _____.

Printed Name of Applicant _____

Signature of Applicant _____

Notary Seal or Stamp _____

Notary's Printed or Typed Name _____

Signature of Notary Public, State of Georgia _____

Notary's Commission Expires _____