



AFFIDAVIT OF RETIREMENT OF GEORGIA EMS LICENSE

I, _____
Last Name First Name Middle Initial

Of _____
Street Address City State Zip

Home Phone # () _____ Email Address: _____

who is licensed to practice as a/an _____ in Georgia under the
(Level of License)

license number _____ issued on _____
mm/dd/yyyy

I affirm that I am the above referenced licensed Emergency Medical Services (EMS) provider and I hereby submit this Retirement of EMS License affidavit to the Georgia Office of EMS and Trauma. I understand that as a result of my retirement of this license that I will no longer be licensed as an EMS provider in the state of Georgia.

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 the current Rules and Regulations of the Office of EMS and Trauma, including holding a current and valid national registration with the National Registry of Emergency Medical Technicians (NREMT). I also understand that if I do choose to get a new license, the license number will be a new number and my retired EMS license number will **not** be reissued. I further understand that if I am retiring my medic license and I am currently licensed as a Georgia EMS Instructor or EMS Instructor/Coordinator, I am retiring or surrendering that license as well.

Having been given the opportunity to ask questions, I understand and accept the consequences of signing this affidavit.

Signature of Licensee (must be handwritten wet signature)

State of Georgia County of _____

This record was acknowledged and sworn to before me this _____ day of _____,
20____ by _____, Printed name
of individual signing document who is: _____ personally known or _____ proved to me on the basis of
satisfactory evidence to be the person who appeared before me.

(Signature of notary public) Notary Public, State of Georgia

My Commission expires: _____

Stamp/Seal

