



**Georgia Office of EMS and Trauma**

1680 Phoenix Blvd, Ste 200

Atlanta, GA 30349

770-996-3133

[www.ems.ga.gov](http://www.ems.ga.gov)

**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)

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

My Commission expires: \_\_\_\_\_

Stamp/Seal