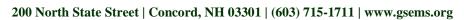
## Granite State EMS, LLC

Your Source for Emergency Education





## **Course Registration Form**

For Registrants Being Financially Sponsored by an EMS Agency, Fire Department, or Other Employer

CHOOSE CLASS: _	EMR	EMT	AEMT	Refresher	
COURSE START DA	TE:				
COURSE TUITION:					
REGISTRANT INFO	RMATION [p	olease print leg	ibly]		
Legal Name: DOB:					
Nickname or Preferred	Name:				
Mailing Address:					
City/State/Zip:					
E-Mail:		<del> </del>			
Home Phone:		Cel	l Phone:		
EMS or Fire Departmen	nt Affiliation: _				
Registrant Signature:				Date:	
EMPLOYER INFOR	MATION & A	UTHORIZA	TION		
Agency Name:					
Chief/Director/Authoriz	zing Official N	ame:			
Agency Mailing Address	ss:				
Agency Email Address: Purchase Order #:					
	ove. Additionall			lly responsible for course t cally authorized to sign on l	
Chief/Director/Authoriz	zing Official Si	ignature:			

Upon completion, please email, mail, or fax this document to Granite State EMS, LLC An invoice will be sent to the agency address listed above. Granite State EMS, LLC reserves the right to cancel a class for low enrollment.