

CITY OF MOUNTLAKE TERRACE
PO BOX 72, 6100 219TH St. SW, Suite 200, 425-744-6211
MOUNTLAKE TERRACE, WA 98043-0072

AMBULANCE ATTENDANT CERTIFICATE APPLICATION

LICENSE FEE \$40.00

(Fee includes a mandatory background investigation)

OFFICE USE ONLY

DATE RECEIVED _____ EXPIRATION DATE December 31 Annually LICENSE # _____

TOTAL AMOUNT DUE \$ _____ RECEIPT NUMBER _____

ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED.

PLEASE SIGN AND RETURN APPLICATION WITH PAYMENT.

NAME OF APPLICANT _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

U.S. CITIZEN (Yes or No) _____ SEX (Male or Female) _____ HAIR COLOR _____ EYE COLOR _____ HEIGHT _____ WEIGHT _____

DRIVER'S LICENSE # _____ OTHER NAMES YOU ARE KNOWN BY _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

REPRESENTING _____ HOME OFFICE ADDRESS _____

DISTRICT OFFICE ADDRESS _____ PHONE _____ OFFICER _____

PREVIOUS LICENSE HELD (or places worked where no licenses were required)

City _____ From _____ To _____ Position Held _____ License Required (yes or no) _____

IMPORTANT! PLEASE READ CAREFULLY.

All information given on this application is true to the best of my knowledge. I do hereby authorize the City of Mountlake Terrace to make full inquiry of my present and past employers, as well as police and license department records. This authorization is given freely and without condition.

I have not been convicted of a felony OR any violations resulting in a penalty exceeding \$25.00 and/or confinement for a period of five (5) days except as detailed: _____

APPLICANT'S SIGNATURE _____

OFFICE USE ONLY

POLICE DEPARTMENT RECORDS CHECK:

POIR CHECK _____

DMV CHECK _____

BBB CHECK _____

APPROVED _____ DISAPPROVED _____

POLICE DEPARTMENT DATE

APPROVED _____ DISAPPROVED _____

ADMINISTRATIVE SERVICES DEPARTMENT DATE