



## Course Registration Form

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

**CHOOSE CLASS:** \_\_\_\_\_ **AEMT Course (Days) | August – December 2024 | \$2,100.00**  
\_\_\_\_\_ **EMT Course (Nights) | August – November 2024 | \$1,800.00**  
\_\_\_\_\_ **Other (list):** \_\_\_\_\_ **| Cost: \$** \_\_\_\_\_

### REGISTRANT INFORMATION [please print legibly]

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Nickname or Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMS or Fire Department Affiliation: \_\_\_\_\_

Registrant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER INFORMATION & AUTHORIZATION

Agency Name: \_\_\_\_\_

Chief/Director/Authorizing Official Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Agency Email Address: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

My signature below indicates that the agency listed above will be financially responsible for course tuition for the registrant listed above. Additionally, my signature indicates I am legally authorized to sign on behalf of the agency listed above.

Chief/Director/Authorizing Official Signature: \_\_\_\_\_

*Upon completion, please mail or fax this document to Granite State EMS, LLC*

*An invoice will be sent to the agency address listed above.*