



Texas City Fire Department
 1725-25th Street North
 Texas City, TX 77590
 (409) 643-5705

FOR OFFICE USE ONLY	
Received Date:	_____
Amount Paid:	_____
Issue Date:	_____
Expired Date:	_____
Permit No.	_____

Ambulance Personnel Permit Application

IMPORTANT NOTICE

All Questions in this application must be answered completely. Providing false information constitutes perjury and will cause the permit to be denied, or if granted, revoked. Processing fee is not refundable.

Application must be typed or completed electronically. Handwritten applications will not be accepted.

Full Name

Current Address, City, State, ZIP:

DOB: TDL No. Expiration:

Home Telephone No. Daytime Phone No.

Gender: Height: Hair Color: Eye Color:

TDSHS EMS Personnel ID Number:

For what company do you work for? Company Phone No.

Have you ever been denied an Ambulance Personnel Permit? YES NO

If "YES", Explain:

Have you ever had your Ambulance Personnel Permit suspended or revoked? YES NO

If "YES", Explain:

In consideration of the granting of the permit hereby applied for, the applicant agrees that service of all papers, notice, letter, summons, complaint or legal process of any kind or nature may be made by the City of Texas City, or any Department thereof, wherein the person to whom the permit is named, may be issued by leaving a copy of any such paper, notice, letter, summons, complaint, or legal process or any member of his family or other persons with whom he/she may reside. It is further agreed by the applicant that he/she will conform to all rules and regulation of the Texas City Fire Department, governing ambulance personnel.

AFFIDAVIT

State of Texas, County of _____ §
 _____, being duly sworn, on his/her oath deposes and says that he/she is the individual making the foregoing application for an Ambulance Personnel Permit; and, that the answers to the foregoing question and other statements contained therein are true of his/her own knowledge.

Sworn to and subscribed before me this _____ day of _____, 20_____.

 Signature of Notary
 Notary Public, State of Texas
 My Commission Expires _____

 Signature of Applicant