



Peoria Area EMS System
530 N. E. Glen Oak Ave
Peoria, IL 61637
(309) 655-2113
www.paems.org

PAEMS State License Request Form

SECTION 1

Course Information (PRINT)

Course Location: _____

Course Instructor: _____ Course Dates: _____

SECTION 2

Personal Information (PRINT)

Name: _____ SSN# _____ - _____ - _____
 First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (specify _____): (_____) _____

Date of Birth: _____ Drivers License# _____ State: _____

Email Address: _____

The following items **MUST** be attached to process your license request:

_____ Copy of National EMT License

_____ Completed IDPH Child Support Statement