

522.023 and 559.004)

Regulatory Licensing Unit EMS Certification & Licensing Group

EMS Wallet Card Replacement Application



Revised March 2005

All information given on this	application is considered public	record,		
with the exception of social security number*.			For DSHS Use Only	
To request a duplicate EMS wallet card, submit completed form with			ZZ100-160	
check or money order payable to Texas Dept of State Health Services.			Receipt #	
Mail to: Dept of State Health Services, ATTN: ZZ100-160 EMS			Date	
1100 West 49 th Street, Austin, TX 787856-3199			Amount	
Section 1 – Personnel Data TYPE OR PRINT IN BLACK INK				
Requesting duplicate wallet card for the following level: ECA EMT EMT-I EMT-P Lic-P				
Coordinator				
□ Enclosing \$10 □ Exempt from fee – Complete Volunteer Sign-Off below.				
	E Exempt from fee – Con	inpiete volunteer Sign-On below.		
Print Last Name	First Name	Middle Name	Social Security number*	
Mailing Address: Street, Ap	t Number or PO Box	City	State	Zip
	()			
Home Phone (area code)	Business Phone (area code)	Date of Birth (MM/DD/YY)		
fione (urea coac)	Dusiness i none (ureu coue)			
Alternate home address**:	Street, Apt number or PO Box	City	State	Zip
** This may be desired by	candidates whose employer mar	adates the business address as the mai	iling address Disciplina	v action proposals will
** This may be desired by candidates whose employer mandates the business address as the mailing address. Disciplinary action proposals will be sent to both the mailing address and the alternate address. Certificates/licenses and renewal notices will only be sent to the mailing address.				
Are you associated with a Texas licensed EMS Provider or registered 1 st Responder? Yes or No				
If yes, are you: Salaried – Employment date: Volunteer – Complete Volunteer Sign-Off below.				
* Disclosure of your social security number is mandatory under Family Code, Chapter 232				
Section 2 - Volunteer Sign-Off – Complete if applicable				
If you are claiming fee exempt status, this section should be completed by approved EMS Provider or FRO administrator.				
		he/she actively provides emergency me		
receive compensation*** for	or providing these services. Addi	itionally, to the best of my knowledge,	this candidate does not j	provide emergency
• •	-	other than reimbursement as describe	-	
		ensation*** for providing emergency n	nedical services from an	y organization, the
exemption is inapplicable a	nd they are required to send a pr	corated fee to the department.		
Simotone of monidon on FD		Print signed name		
Signature of provider or FRO administrator Print signed name ***Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.				
Provider or FRO name:	idde fermoursement for detail expens	ses for medical supplies, gasomic, crothing, r	City:	a while voluneering.
	tion number.	Phone	•	
DSHS license or registration number: Phone: Section 3 – Signature and Date Phone:				
0				
		ation is true and correct. I furthe	••••	
am authorized to execute this document. I am not delinquent in the payment of any child support owed under Chapter				
232, Family Code. I further certify that I have read and understood Chapter 773 of the Health and Safety Code, the				
applicable provisions of 25 TAC, Chapter 157, and agree to abide by them.				
Signature of Amplicants		Data		
Signature of Applicant:	With faw exceptions you have the	right to request and be informed about inf	formation that the State of	Texas collect about
		equest. You also have the right to ask the		
-		re information on Privacy Notification. (R		