



Fax (250 952-1222) or mail completed form to EMA Licensing Branch, PO Box 9625 Stn Prov Govt, Victoria, BC V8W 9P1

PART A: APPLICATION INFORMATION - PRINT CLEARLY

Form with fields: Surname, Given Names (Full), Street Address or PO Box, Town/City, Province, Postal Code, Country, Telephone, Email Address, Previous Name, Birthdate (YYYY / MM / DD), Height, Weight, Hair Colour, Eye Colour, Gender (Female/Male).

PART B: EMPLOYER INFORMATION - Use this section to record the employer for which you will use your licence

Form with fields: Employer, Contact Name, Station Number, Contact Phone Number, Fax Number, Contact Email Address, Street Address or PO Box, Town/City, Province, Postal Code.

PART C: LICENCE REQUESTED

Text area for application statement, endorsement options (IV, Other, Student Licence, Initial Licence, Licence Renewal), EMA Licence Number, Applicant's Signature, Date (YYYY / MM / DD).

NOTE: A copy of a certificate of successful completion of training, photograph and the required fee must be included with all applications for initial licence and when applying for a new licence level.

PART D: FOR EMA LICENSING BRANCH USE ONLY

Form with fields: Licence Issued (YYYY / MM / DD), Issuer, License Expiry (YYYY / MM / DD), Comments, Photograph Received, Date (YYYY / MM / DD).

Personal information on this form is collected by the EMA Licensing Board under the authority of the Emergency and Health Services Act (section 6) and the Emergency Medical Assistant Regulation (sections 2, 3, 4, 5, 6, and 7). This information will be used to issue an EMA licence and maintain a permanent register of licensed EMA's. If you have any questions about the collection of this information contact our office at PO Box 9625 Stn Prov Govt, Victoria BC, V8W 9P1, phone: 250 952-1211. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only in accordance with that Act.