



### VOLUNTARY SURRENDER OF EMS LICENSE

Name (First, Last and MI)		License #
Address (Street, City, State, Zip)		Phone
DOB	SSN#	Email

Please list current EMS Employer(s) (Optional)

Name and address of employer (s)

I no longer wish to be licensed by the Missouri Department of Health and Senior Services, Bureau of  
Emergency Medical Services as an (check applicable)  EMT-Basic  EMT-Paramedic  EMT- Intermediate.

By Submitting this document I am aware that upon receipt of same the Bureau of EMS shall invalidate my EMS  
license. I am aware that in order to obtain an EMS license in the future I will be required to complete the training  
and testing procedures required by 190.142, RSMO and 19CSR 30-40.342.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_