



Emergency Medical Services (EMS) Systems Request for Duplicate License Certificate

NAME _____

STREET ADDRESS / P.O. BOX _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

BIRTHDATE _____ SOCIAL SECURITY # (REQUIRED) _____

EMT LICENSE NUMBER _____ LICENSE TYPE _____

REASON FOR DUPLICATE REQUEST

SIGNATURE

DATE

DUPLICATE REQUEST FEE = \$10.00

Make Cashier's Check or Money Order payable to IDPH and send to:

Illinois Department of Public Health
Division of Emergency Medical Systems and Highway Safety
422 South Fifth Street, Third Floor
Springfield, Illinois 62701