

Oakes Ambulance Service 615 Ivy Avenue Oakes, ND 58474 (701) 742-3244 www.oakesambulance.com

## **Oakes Ambulance EMS Course Application**

First Name:		Last Nam	e:	Middle Initial:
Mailing Address:			City:	State:
Zip:	Preferred Phor	ne Number:	Email:	I
Date of Birth:		D	Driver's License Numb	er:
employed by, or a	current member o	of an EMS age	ency, please list the servi	ice name and address below.
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Service Name:				
Contact Person:				
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