



North Region EMS System

Letter of Good Standing Request

Completed by Provider			
Last Name:	First Name:	MI:	
Home Address:		Apartment:	
City:	State	Zip Code:	County:
Phone:	SSN:	DOB:	
Personal Email Address:			
License Type:			
License Number:		License Expiration:	
Current EMS Agency Or Fire Department Affiliation			
Primary EMS System Affiliation:			
Secondary EMS System Affiliation (If Applicable)			
I Am Requesting:			
NMnrEMSS CHANGE FROM PRIMARY TO SECONDARY	NMnrEMSS TO REMAIN MY PRIMARY	LEAVE NMnrEMSS AND END SYSTEM AFFILIATION	
Submit Letter To:			
Agency / Facility Name:		EMS Coordinator Name:	
Street Address:	City:	Zip:	
EMS Coordinator Email Address:			
Signature Of Provider Submitting Request:			
*** STOP*** Do not write below this line. For administrative use only			
Date Processed:	Mailed	Emailed	Faxed
Signature Of System Personnel Processing Request:			