Vermont Department of Health
Office of Public Health Preparedness and
Emergency Medical Services
Agency of Human Services

Application for Waiver of EMS Rules

Name: _____ Phone: (H) _____ (W/C) _____

Street Address: _____

Town/City: _____ State: _____ ZIP Code: _____

Date of Birth: _____ EMS # (if applicable): _____

I hereby request the Vermont Department of Health waive EMS Rule _____ from Vermont EMS Rules dated March 1, 2011 for the reason(s) listed below (include additional pages as needed). I understand a waiver must not reduce the quality of emergency medical care.

_____ _____
Signature of Applicant Date

Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Reason for Waiver Request

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Mailing Address: 108 Cherry Street, PO Box 70, Burlington, VT 05402-0070
Phone: 802-863-7310 or 800-244-0911 (Vermont only) **Fax:** 802-863-7577
Web Site: http://www.vermontems.org **E-mail:** vtems@state.vt.us
November 7, 2013