



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
