



# Registration Form

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Name: License: EMR EMT AEMT Paramedic

State Number: National Registry Number:

Organization Name:

Org Mailing or Street (Physical) Address:

City: State: Zip Code:

Work Phone: Personal Phone:

Work Email:

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**Payment Method** *Payments are due on or before the first day of class. Please make checks payable to City of Williston Fire Department.*

CASH

CHECK

Additional  
Comments