



Michigan Department of Health and Human Services
 Bureau of EMS, Trauma and Preparedness
 Division of EMS and Trauma
 P.O. Box 30207
 Lansing, MI 48909-0207
 517-241-3025 (Phone)
www.michigan.gov/ems

Authority: P.A. 368 of 1978, as amended

FEE EXEMPTION REQUEST FOR VOLUNTEER EMS PERSONNEL

This completed form is to accompany your application for licensure or re-licensure.

To be completed by licensee		
<p>In accordance with the Public Health Code, Act 368 of 1978, Sections 20950(7) and 20954(5), I request an exemption from payment of the licensure, renewal, or re-licensure fee on the basis of my volunteer status with the life support agency named below. I understand as part of this exemption, I will act as a volunteer for the LICENSED LIFE SUPPORT AGENCY listed below, and that I do not receive money, goods, or services in return, except for reimbursement for expenses incurred in providing those services. I understand that at such time that I cease to meet the definition of "volunteer" (Section 20908(12)) during the effective period of my license, I shall at that time pay the fee required under the Act.</p>		
_____	_____	_____
Print Licensee Name	Licensee Signature	Date

To be completed by Representative of Volunteer Agency with whom the above named individual serves as a volunteer.		
<p>This agency does NOT charge for services. The above named individual serves as a volunteer for this agency and does not receive money, goods, or services in return, except for reimbursement for expenses incurred in providing those services.</p>		
Name of Life Support Agency	Michigan Life Support Agency License Number	
Life Support Agency Address		
<p>I affirm that all statements I have made on this form are true and accurate to the best of my knowledge and my electronic signature is considered my personal signature.</p>		
_____	_____	_____
Print Agency Rep. Name	Agency Rep. Signature	Date

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. People with disabilities, visual, hearing and/or other assistance should indicate such needs. An effort will be made to provide the accommodation requested. Individuals with disabilities needing this communication in an alternative format should contact The Bureau of EMS, Trauma and Preparedness at 517-241-3025 (voice) or BabbN@Michigan.gov (email).