

RENEWAL FORM

Oregon Volunteer EMT 2008 Tax Credit Certification

This form is electronic. If possible, please fill out as much on the computer as one can before printing and signing.

EMT		
Name: _____ (First, M.I., Last - please print legibly.)		
Signature: _____		
E-mail: _____ (Please print legibly--this is how we send confirmations.)		
Last four numbers of S.S.: _____		
Daytime Phone: (____) _____ - _____		
New mailing address as of 2008:		
Street Address _____		
City	State	ZIP

Status
<input type="checkbox"/> My Primary Station/Agency location (city) has not changed during 2008.
<input type="checkbox"/> My Total Volunteer Hours have changed : Paid Hours: _____ Volunteer Hours: _____
<input type="checkbox"/> I retired as a volunteer EMT on _____, 2008. (Mo./Day)
<input type="checkbox"/> I moved to a different state on _____, (Mo./Day) 2008 and no longer volunteer as an EMT in Oregon.
<input type="checkbox"/> I moved back to Oregon from a different state on _____, 2008 and now volunteer. *
(Mo./Day)
<input type="checkbox"/> As of _____, 2008, I now volunteer in a different city in Oregon. *
(Mo./Day)
* New Station/Agency information on the right is required.

Station/Agency (Complete only if applicable. Please print legibly.)
New Primary Station/Agency
Name: _____
Street: _____
City: _____
County: _____
State: OR Zip: _____
Phone: (____) _____ - _____
EMT Supervisor: _____
EMT Supervisor Signature: _____
New Secondary Station/Agency
Name: _____
Street: _____
City: _____
County: _____
State: OR Zip: _____
Phone: (____) _____ - _____
New Tertiary Station/Agency
Name: _____
Street: _____
City: _____
County: _____
State: OR Zip: _____
Phone: (____) _____ - _____

Either fax completed form to (503) 494-4798 or mail to:
Oregon Office of Rural Health | 3181 SW Sam Jackson Park Rd., L-593 | Portland, OR 97239