

RENEWAL FORM

Oregon Volunteer EMT 2007 Tax Credit Certification

Name: _____ <i>(please print legibly)</i>	Signature: _____	
E-mail: _____ <i>(please print legibly)</i>	SS number: _____	
*2007 Most Recent Station/Agency mailing address:		
Daytime phone: _____		

<i>Name and Street Address</i>		

<i>City</i>	<i>State</i>	<i>Zip</i>

My station/agency location (city) has ***not changed*** during 2007.

I ***retired*** as a volunteer EMT on : _____
(date)

I moved to a ***different state*** in _____ 2007 and no longer volunteer
(month)
as an EMT in Oregon.

I moved ***back to Oregon from a different state*** in _____ 2007 and now volunteer:
(month)
New station/agency address: _____
Name and Street Address

City *State* *Zip*

I now volunteer in a ***different city*** in Oregon: Date of change: _____

Former station/agency address: _____
Name and Street Address

City *State* *Zip*

Fax completed form to:

503-494-4798

***Please see reverse side if you have more than one station/agency site!**

2007 Secondary Station/Agency mailing address:

Name and Street Address

City

State

Zip

2007 Third Station/Agency mailing address:

Name and Street Address

City

State

Zip