



City of La Porte

Established 1892

The City of La Porte is rich in history and built on community, delivering a safe and attractive environment for all walks of life.

Emergency Medical Services



Attendant & Attendant-Driver Permit Application

A non-refundable permit fee of two-hundred dollars (\$50) per application is due at the time of each application.

Check, Money Order, or Credit Card will be accepted payable to the City of La Porte.

Subject to approval by Division of Emergency Medical Services. Each application is valid until the last day of September of the following year. All applicants are subject to a background check as deemed necessary by the EMS Chief or hers/his designee.

Any false or misleading information entered on this application is a violation of the City of La Porte code and could be cause for denial of permit. **All questions must be answered.**

New_____ Renewal_____ Expired____/____/____

Permit #_____ Receipt #_____ Date____/____/____

=====

Name_____ Age_____
Last First Middle

Hair_____ Eye Color_____ DOB____/____/____ Place of Birth_____ Hgt_____ Wt._____

Current Address_____ How Long?_____

Street Address City Zip
Home phone (____)_____ Social Security Number_____

Texas DL No._____ Expires____/____/____

Skill Level (Check Only One)

EMT_____ EMT-I_____ EMTP_____ LP_____ Registration No._____

Certification Expiration Date____/____/____ School Attended_____

****NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

Rev.12/2023

10428 Spencer Highway, La Porte, TX 77571

281-471-9244 | EMS@LaPorteTX.gov | LaPorteTX.gov



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Do you have a final conviction for auto theft, bad checks, burglary, theft, robbery, State or Federal controlled substances, acts, rape, sexual abuse, indecency with a child or abuse of a corpse, etc.?

****Final conviction for other offences will be reviewed by the EMS Chief in determination of permit issuance. Deferred adjudication for any offense must be reported.****

Yes_____ No_____

If yes, give details:

Can you read, write, and speak the English Language? Yes_____ No_____

I certify that all answers that I have given are accurate and complete. I further authorize the City of La Porte, Texas to conduct a background investigation if deemed necessary by the EMS Chief or Hers/His designee. I also agree to notify the City of La Porte EMS Division of any changes in the information contained in this application. **This application may not be changed or altered in any way without written permission from the EMS Chief. Any changes made without permission will make this application unacceptable.**

Signature_____ Date____/____/____

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MUST BE COMPLETED BY A PHYSICIAN

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I certify that I have examined the applicant and have found that he/she has a sound body, eyesight in both eyes which is either 20/20 or correctable to 20/20 with glasses, and no physical defects that might impair his/her ability to drive or attend a transfer ambulance or emergency ambulance.

Physicians Name _____

Address _____

Business Phone # (____) _____ Texas License No. _____

Signature _____

=====

MUST BE COMPLETED BY EMPLOYER

Name of Employer _____

Business Address _____

Phone No.(____) _____ Supervisor _____

Supervisor Signature _____

=====

FOR CITY OF LA PORTE USE

Copy of Texas Driver's License Yes _____ No _____

Copy of Certification Yes _____ No _____

Application fee Included Yes _____ No _____

Application Approved ____/____/____ EMS Inspector _____

Permit Issued ____/____/____

Disapproved ____/____/____ EMS Inspector _____

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