



Emergency Medical Service Institute
1002 Church Hill Road
Pittsburgh, PA 15205
412-242-7322 (Office)
412-787-2340 (FAX)

Regional EMS Council Special Request Form

This form must be included with any of the required materials for the following various types of special request submitted to the Regional EMS Council Office (EMSI).

Type of Request:
(check all that apply)

- Name Change
 Address Change
 Duplicate Card (*reason*) Stolen Lost Damaged
If Stolen, was a Police Report Filed? Yes No
 Other _____

(Please type or print clearly)

Name: _____
(Last, First MI)

Address: _____ Apt. # _____

City _____ State _____ ZIP _____

Contact Information: Phone: _____ Home Cellular Work

e-Mail Address _____

Certification EFR EMT AEMT Paramedic PHRN PHPE PEMSP

Number: _____ Expiration Date: _____ Date of Birth: _____

Current Emergency Service Affiliation: Check if none currently

Primary _____

Secondary _____

Other (s) _____

In order for this request to be processed by EMSI, this form must be signed and dated below:

Applicant: _____ Date: _____

Return the completed form including any additional required materials for the specific request to:

EMSI, 1002 Church Hill Road, Pittsburgh, PA 15205