|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00893 (09/2019) | **STATE OF WISCONSIN**Office of Preparedness and Emergency Health CareWis. Stat. § 256.17(1m)608-266-1568Page **1** of **2** |

**Affidavit OF NO SOCIAL SECURITY NUMBER**

**EMS Professional License**

**Information / Instructions:**

Under Wisconsin statute § 256.17(1), anyone applying for an initial EMS license/certificate must provide a social security number. The following form is authorized under Wis. Stat. § 256.17(1m) and is to be completed if an applicant does not have a social security number and is applying for an EMS license/certificate or training permit.

To apply for an initial EMS license/certificate you must create an E-Licensing account to complete and submit an application. A social security number is needed to create an account in E-Licensing. If you do not have a social security number this Affidavit of No Social Security Number **must be completed, signed in the presence of a notary public** and submitted to the EMS office for approval. When the EMS office has approved your affidavit request a number will be issued to you to use in place of a social security number to create the E-Licensing account and complete the application process for an initial EMS license/certificate online.

If you have questions regarding this form, please contact the EMS Office as noted below.

Mail the **original completed, signed and notarized** form (make a copy for your records) to:

Department of Health Services

Bureau of Communicable Diseases and Emergency Response

Attn: EMS Licensing Coordinator

1 West Wilson Street, Room 1150

Madison, WI 53701-2659

Telephone: 608-266-1568

Fax: 608-261-6392

1. You will be notified via e-mail with a number to use in place of a social security number.
2. You may then access the E-Licensing website (<https://www.wi-emss.org/public/wisconsin>), create your account and complete the appropriate application.

Thank you for your cooperation.

Wisconsin Department of Health Services

Office of Preparedness and Emergency Health Care

EMS Unit

|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00893(09/2019) | **STATE OF WISCONSIN**Office of Preparedness and Emergency Health CareWis. Stat. § 256.17(1m)608-266-1568Page **2** of **2** |

**Affidavit OF NO SOCIAL SECURITY NUMBER**

**EMS Professional License**

**Print/Type all responses**. The signature on the affidavit **must be signed** in the presence of a notary public.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Middle Name**      | **Last Name**      | **Maiden Name**      |
| Address Street      | **Apt**      | **City**      | **State**   | **Zip Code**      |
| **Mailing Address (if different than above)**      | **Email Address**      |
| **Sex****[ ]  Male** **[ ]  Female**  | **Height (feet)(inches)**  **’**    **”** | **Weight**    | Hair Color      | **Eye Color**      |
| **Date of Birth**       | **City of Birth**      | **Country of Birth (Non-USA) or State of Birth (USA)**      |
| **Telephone Number**   **-**     -      | **Cell Phone Number**    **-**     -      | **Driver’s License Number**      |
| **Applicant’s Father’s Full Name (First)**      | **(Middle)**      | **(Last)**      |
| **Applicant’s Mother’s Maiden Name (First)**      | **(Middle)**      | **(Last)**      |

**AFFIDAVIT**

I hereby attest that I do NOT have a social security number because:

**[x]**  I have an approved IRS Form 4029 (exemption from paying Social Security taxes)

**[x]**  Other (explanation required)

If at any time in the future I obtain a Social Security number, I will provide it with my next license renewal.

I understand that providing a false affidavit automatically makes this application invalid. Therefore, any and all licenses issued as a result will also be invalid and I may be subject to penalties for false swearing under Wis. Stat. § 946.32, and for operating without a valid license under Wis. Stat. §§ 256.17 (1m) or 256.18 (1m).

|  |  |  |
| --- | --- | --- |
| SIGNATURE – Applicant |  | Date Signed |
|  |  |  |

|  |
| --- |
| Subscribed and affirmed to before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ |
| Notary public, State of Wisconsin (Sign and print name) |
|  |
| Public, State of Wisconsin |
|  |
| My commission (is permanent) \_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |