CERTIFICATE OF OPERATION APPLICATION

MARIN COUNTY EMS AGENCY
1600 Los Gamos Dr. #220, San Rafael, CA 94903
ph. 415-473-6871 fax 415-473-3747
www.MarinEMS.org

Applicant Last Name			First Name			Middle Initial
Residence Address			Business Address			
City	State	Zip	City		State	Zip
Business Name						
Business Owner(s) Name						
Owner Address						
City		State		Zip		

I hereby certify under **penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to a certificate of operation in Marin County. I understand all information on this application is subject to verification, and I hereby give my express permission for this agency to contact any person or agency for information related to my application for this certificate.   I agree to comply with all laws and regulations applicable to the certificate for which I am applying, and I understand that violation of any law or regulation adopted by the County of Marin pursuant thereto may result in the filing of an action against this certificate such as a fine, suspension, or revocation.

Signature of Applicant:

_____   **Date:** _____