



## **BERGEN COUNTY EMS TRAINING CENTER**

EAST 281 PASCACK ROAD, PARAMUS, N.J. 07652

201-343-3407

# **Bergen County Emergency Medical Responder Department Authorization Form**

**Name of Applicant:**

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**Department Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:**

**County:**

**State:**

**Zip:**

\_\_\_\_\_

**Verified by:**

\_\_\_\_\_

**Name: of Principal Officer (PRINT):**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Contact Telephone Number:**

\_\_\_\_\_

**Signature of Principal Officer:**

**Date:**

\_\_\_\_\_

**\*\* Please note that only Bergen County departments may use this form to receive discounted tuition rates. \*\***