MINNESOTA
EMERGENCY MEDICAL SERVICES
REGULATORY BOARD

COOPER SAMS NOTARY VERIFICATION

VOLUNTEER AMBULANCE SERVICE INFOMRATION (Agency)

Agency: _____ Minnesota License Number: _____

Address: _____City _____ State_____ Zip: _____

Telephone Number:_____Email address:_____

AMBULANCE CHIEF ADMINISTRATIVE OFFICER

Name: _____EMSRB Number: _____

Date Application Submitted:_____

NOTARY

STATE OF MINNESOTA Affidavit of submitted roster.

County of (_____) _____, being first duly sworn, attest that to the best of
(County) (Notary Name)

the affiant's knowledge (Name of chief administrative officer) above, who is submitting for Individual Applicants' Cooper/Sams Volunteer Ambulance Credits, attests to said Individual Applicants meeting the qualifications for the Cooper/Sams Volunteer Ambulance Credit per Minnesota Statutes 144E.46. Further, affiant the information contained on this form is true and correct to the best of the affiant's ability. Further, affiant sayeth not.

_____ _____

Chief Administrative Officer Signature Notary Public Signature

Subscribed and sworn before me this _____ day of _____, 20____.

Ambulance Service Checklist	**EMSRB Use Only**
☐ Ambulance Service Roster updated in eLicense (before July 1st)	
☐ Personnel income verified (July 1 – June 30)	
☐ Cooper Sams Credit Roster submitted in eLicense (before August 1st)	
☐ Notary form completed and signed (before August 1st)	
☐ Notary form sent to EMSRB (before August 1st)	

SEND COMPLETED FORM, INCLUDING REQUIRED SIGNATURES TO:

Your EMS Specialist or GrantsAndFinance.EMSRB@state.mn.us

Cooper Sams Verification, EMSRB, 335 Randolph Avenue, Suite 220, St. Paul, MN 55102