



# EMT Registration Form

## Pro-Tech Life Safety Services

### Student Information:

First Name:

Last Name:

Phone:

Email:

Class: Please check one:

Accelerated (  ). Or 12 week night course (  )

Class start Date :

### Mailing Address:

Address:

City:

State:

Zip Code:

**\*See website for payment information:**

[www.protechlifesafetyservices.com](http://www.protechlifesafetyservices.com)

\* email at: [Protechlss.com](mailto:Protechlss.com)

Phone: **714-732-0761**