

**New Jersey Department of Health  
Office of Emergency Medical Services**

**STAFF ROSTER**

*Please Print or Type*

Instructions:

- Print your services full trade name (as it appears on your vehicle and today's date in the box below.
- Print the full name of every person who will staff any of your vehicles.
- Print the required information for each person, including social security number and course/expiration dates.
- Make additional copies of this blank form as needed

Trade Name of Service (*exactly as it appears on your vehicles*):

Staff Person (Last Name, First Name)	Ambulance Staff		MAV Staff		Drivers License Expiration Date
	EMT ID Number and Exp. Date	CPR Expiration	MAVT Cert. (Exp.)	CPR Expiration	
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