



# State of New Hampshire

## Department of Safety

Division of Fire Standards and Training & Emergency Medical Services  
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Robert L. Quinn  
Commissioner

Justin A. Cutting  
Director

I, \_\_\_\_\_, hereby authorize the New Hampshire Department of Safety, Division of Fire Standards and Training & Emergency Medical Services to release and/or publish the below contact information to parties seeking contact information for NH-licensed EMS Instructor/Coordinators. I understand that this authorization is voluntary and that any information provided below may be released to requestors and/or published in a print or online directory of NH-licensed EMS Instructor/Coordinators.

I authorize the release and/or publication of the following contact information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Provider Level

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Website (if applicable)

\_\_\_\_\_  
Region to be listed under

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Electronic signature accepted if Form A9, I/C Email Registration has been completed, submitted and accepted by the Bureau of EMS**