

**Mountain Lakes Regional EMS Council
375 Bay Road, Suite 202
Queensbury, NY 12804**

Notice of Change in Primary Agency

Date of Submission: _____ / _____ / _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

NYS EMT #: _____ Mountain Lakes ALS Provider # Number: _____

Previous Primary Agency: _____

New Primary Agency: _____

Name of New Agency Captain or Chief: _____

Signature Endorsement of New Agency Captain or Chief: _____

Name of New Medical Director (if applicable): _____

Signature Endorsement of New Medical Director: _____

*Please send this form to the Mountain Lakes Regional EMS Council office via
USPS, fax at (518) 793-5833 or email at jpjones@mountainlakesems.org*