EVOC REGISTRATION FORM

Please fill out and Email this form to

[miiaevocregistration@mma.org](mailto:miiaevocregistration@mma.org)

Form must be received by April 16th

|  |  |
| --- | --- |
| Name of Training | **Emergency Vehicle Operator Course** |
| Date | **April 30, 2019** |
| Time | **8:30 am- 2:30 pm** |
| Name of Participant |  |
| Municipality |  |
| Phone |  |
| Email |  |
| Birth Date |  |
| Social Security Number |  |
| License Number |  |