

## Sample

*(Please type on your department letterhead)*

*(Date)*

*(name)*

EMS Specialist

County of San Luis Obispo EMS Agency

2180 Johnson Ave., 2<sup>nd</sup> Floor

San Luis Obispo, CA 93401

Dear :

Please be advised that *(applicant's name)* as an applicant for EMT certification works for this department. This department participates in the California Department of Motor Vehicles moving violations notification system.

*(Applicant's name)* is free of misdemeanor and felony convictions.

*If convictions exist, add: (Applicant's name) has the following convictions: (List code number, description of offense, and date of offense for each occurrence.)*

In addition, this department agrees to notify the SLO EMS Agency of any future misdemeanor or felony convictions involving *(applicant's name)*.

Sincerely,

*(Signature and printed name and title of department head)*