

**MICN BASE STATION PROCTORING FORM**  
**Must be returned to EMS Agency with initial authorization application**

MICN CANDIDATE: \_\_\_\_\_

BASE STATION: \_\_\_\_\_

#	DATE	TYPE OF RUN/COMMENTS	MICN PROCTOR SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

MICN CANDIDATE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_