

EMERGENCY HEALTH SERVICES FEDERATION, INC.

ORDER FORM

Pennsylvania Department of Health Patches/Rockers

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Certification Level: EMR_____ EMT_____ Paramedic_____ EMT Instructor_____

Certification No.: _____ Expiration Date: _____

I certify the above information is true and correct, and the Patches/Rockers are to be used solely by me. I understand this order is subject to verification.

(Signature)

Description of Patch/Rocker:	Quantity	Unit Price	Total
EMR Patch	_____	\$ 2.50	_____
EMT Patch	_____	\$ 2.50	_____
Paramedic Patch	_____	\$ 2.50	_____
EMT Instructor Rocker	_____	\$ 1.00	_____

Enclose a copy of certificate of completion issued by the Pennsylvania Department of Health for the following:

Rescue Patch	_____	\$ 2.50	_____
Basic Vehicle Rescue Rocker	_____	\$ 1.00	_____
Special Vehicle Rescue Rocker	_____	\$ 1.00	_____
Basic Rescue Rocker	_____	\$ 1.00	_____
Hazardous Material Rocker	_____	\$ 1.00	_____
Rescue Instructor Rocker	_____	\$ 1.00	_____
AG Rescue Rocker	_____	\$ 1.00	_____

POSTAGE:

01-05 Patches	\$ 1.19
06-17 Patches	\$ 1.61
18-23 Patches	\$ 1.82
01-15 Rockers	\$.98
16-30 Rockers	\$ 1.19

TOTAL: _____
6% SALES TAX: _____
HANDLING: 1.50
POSTAGE: _____
TOTAL ENCLOSED: _____

MAIL YOUR CHECK OR MONEY ORDER PAYABLE TO: EHSF
722 Limekiln Road
New Cumberland, PA 17070-2354

*******NOTE: ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 SERVICE CHARGE*******