

# EMT Continuing Education Registration

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMPANY OFFICIAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

New Stanton

COURSE DATE: \_\_\_\_\_  
(you may list more than one date per form)

Name: _____
Address: _____
Mine: _____
Date of Birth: _____
ID #: _____ Exp.Date: _____

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Address: _____
Mine: _____
Date of Birth: _____
ID #: _____ Exp.Date: _____

## RETURN THIS COMPLETED FORM TO:

Diane L. Elias  
Bureau of Mine Safety  
131 Broadview Road  
Uniontown, PA 15401  
Phone: 724.404.3143  
Fax: 724.925.5551  
or e-mail attachment to: [dielias@pa.gov](mailto:dielias@pa.gov)