



<b>OFFICE USE ONLY</b>	
707 - EMR	_____
718 - EMT, AEMT, PM	_____
719 - EMD	_____

**AFFIDAVIT OF RETIREMENT OF EMS LICENSE  
FROM PRACTICE IN TENNESSEE**

I, \_\_\_\_\_  
Last Name
First Name
Middle Initial

of \_\_\_\_\_  
Street Address
City
State
Zip

Social Security # \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

who is licensed to practice as a/an \_\_\_\_\_ in Tennessee under  
(Level of License)

the license number \_\_\_\_\_ issued on \_\_\_\_\_  
mm/dd/yyyy

do solemnly swear that I have retired from practice as the Professional listed above in the State of

Tennessee on this date \_\_\_\_\_.  
mm/dd/yyyy

\_\_\_\_\_  
Signature of Licensee

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

at \_\_\_\_\_  
City
State

(Notary Seal) Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_