

**ONGOING ADHERENCE TO ALL RULES & REGULATIONS**

Date: \_\_\_\_\_

I \_\_\_\_\_ with \_\_\_\_\_,  
(applicant name\*) (name of company)

affirm that I will adhere to all applicable federal, state, and local rules, regulations, laws, including Los Angeles County prehospital care policies and procedures.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

*\*Each officer, director and manager and SCT/CCT personnel are required to complete form*