



State of Louisiana TOC/ BEMS Crew Change Form

**Submit to Ambulance.Standards@la.gov
24 hours before exchange.**

Placard Number

Date Submitted: _____ Time Submitted: _____

Agency: _____

Exchange Date: _____ Exchange Time: _____

Demobilizing Medic #1:

First Name: _____

Last Name: _____

Demobilizing Medic #2

First Name: _____

Last Name: _____

Mobilizing Medic #1

First Name: _____

Last Name: _____

DOB: _____

NREMT #: _____

State #: _____

License Level: _____

Driver's License #: _____

Cell Phone #: _____

Cell Phone Provider: _____

Mobilizing Medic #2

First Name: _____

Last Name: _____

DOB: _____

NREMT #: _____

State #: _____

License Level: _____

Driver's License #: _____

Cell Phone #: _____

Cell Phone Provider: _____

BEMS Use	Approved	Denied	Reason
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Medic #1 _____

Medic #2 _____

BEMS Representative: _____

BEMS Representative Signature: _____