



# Baltimore County Fire Department

## Fire-Rescue Academy

1545 Sparrows Point Boulevard  
Sparrows Point, Maryland 21219  
Phone: (410) 887-7523 Fax: (410) 887-7572



### Provisional EVO Card Request Form

A Provisional State of Maryland Certified Emergency Vehicle Operator Card is requested for the individual below so they may start the Driver's Training process for Class A/Class B Apparatus.

**Candidate:** \_\_\_\_\_

Name/Rank

Signature

**C#** \_\_\_\_\_ **Station:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Vehicle Class:**  Class A  Class B

**Station Officer:** \_\_\_\_\_

Name/Rank

Signature

**Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Candidate's Best Contact Number for Scheduling Card Pickup:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This completed form (along with the documents listed below) can be sent via inter-office mail, dropped off in person for the Director of the Fire Rescue Academy, or emailed to [frasupport@baltimorecountymd.gov](mailto:frasupport@baltimorecountymd.gov) . You will be contacted to schedule your provisional testing time once all documentation has been received.

- MFRI Unofficial Transcript showing proof of completion for MFRI Emergency Vehicle Operator Course (EVOC)
- Copy of Current Valid Driver's License
- Non-Certified Complete Driving Record (No Older than 30 Days)

*Note: Most States now allow you to request a driving record online and print it instantly.*

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|------------------------------------|---|
| <b>Card Expiration Conditions:</b> | If the Provisional EVO Card expires prior to the card holder completing the Full EVO Card certification process, it is the responsibility of the <b>card holder</b> to notify the FRA and the card holder will be required to re-apply for the provisional EVO card and restart the process. All requests for FULL EVO Card Licensure testing shall be scheduled <u>no less</u> than one month prior to the date of expiration noted on the Provisional EVO Card. Please sign below to indicate that you have reviewed this condition and would like to proceed with the EVO Provisional Testing process. |
|------------------------------------|---|

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

