



P.O. BOX 111
CHARLESTOWN, MARYLAND 21914
PHONE: 410-287-6451 FAX: 410-287-2843

Proud to Serve our Community!

STATE of MARYLAND CERTIFIED EMERGENCY VEHICLE OPERATOR

LEARNER'S PERMIT

NAME:

DRIVER'S LICENSE #:

OPERATOR SIGNATURE: _____

ORGANIZATION: Charlestown Fire Company, Inc.

CLASS A: CLASS B:

DATE ISSUED:

ISSUING OFFICIAL:

SIGNATURE: _____

VALID FOR 90 DAYS FROM DATE ISSUED FOR NON-EMERGENCY DRIVER TRAINING WITH
AUTHORIZED OPERATOR

This certifies named learner complies with the requirements of COMAR 11.17.20 and is authorized by the
named organization to operate the type of emergency vehicle for the Class license marked above as
authorized under Transportation Article 16 – 102 (a) (12)