



New Smyrna Beach Fire Department

License Number: ALS6408

Data As Of 12/2/2024

Profession	EMS Service Provider (ALS)
License	ALS6408
License Status	CLEAR/
Qualifications	Non - Transport
License Expiration Date	11/7/2026
License Original Issue Date	11/08/1994
Address of Record	1400 State Road 44 NEW SMYRNA BEACH, FL 32168
Discipline on File	No

Secondary Locations

Address

1400 State Road 44
NEW SMYRNA BEACH, FL 32168

Address

3151 State Road 44
NEW SMYRNA BEACH, FL 32168

Address

500 East Third Avenue
NEW SMYRNA BEACH, FL 32169

Address

238 Industrial Park Avenue
NEW SMYRNA BEACH, FL 32168

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
1S9A1BND3H1003075	PERMIT	VEHICLE PERMIT (ALS)	20934	9/13/2017
1S9A1BND5H1003076	PERMIT	VEHICLE PERMIT (ALS)	20935	9/13/2017
4P1BAAFF3EA014605	PERMIT	VEHICLE PERMIT (ALS)	20024	8/1/2016
4P1CA01A6BA011493	PERMIT	VEHICLE PERMIT (ALS)	16413	1/18/2011

Click on the License Number to view License Details for that Practitioner

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