

*Cavalier County*  
Job Development Authority

**Loan  
Application**

Contact Information	
Name	
Address	
Telephone	
Email	
EMT Training Information	
Where is the training located?	
Have you been accepted into the training program?	
Instructor name:	
Instructor Phone Number:	
If you complete the training and pass the test, which Cavalier County Ambulance will you provide service to?	
Contact information for ambulance director:	
Financial Background Questions	
Do you have any active judgments against you or your business?	
Do you currently have any past due accounts?	
Have you filed bankruptcy in the last five years?	
Have you received CCJDA funds previously?	
If so, did you make payments in a timely manner?	

**I certify that the information I have provided on this application is complete and correct. I understand that failure to provide truthful and accurate information will result in denial of loan funds.**

Signature