



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1016		DATE: 2/9/2021	
COMMITTEE: Public Safety			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER: 573-634-0050	
REPRESENTING: MISSOURI AMBULANCE ASSOCIATION		TITLE:	
ADDRESS: P O BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/9/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1016		DATE: 2/9/2021	
COMMITTEE: Public Safety			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: J TRENT FORD		PHONE NUMBER: 3144096812	
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MISSOURI		TITLE: PRINCIPAL	
ADDRESS: PO BOX 384			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL: jtrent4d@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/8/2021 5:23 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1016		DATE: 2/9/2021	
COMMITTEE: Public Safety			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARK HABBAS		PHONE NUMBER: 573-634-8760	
REPRESENTING: MISSOURI ASSOCIATION OF CAREER FIRE PROTECTION DISTRICTS		TITLE:	
ADDRESS: 115 MCMENANY ROAD			
CITY: ST PETERS		STATE: MO	ZIP: 63376
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/9/2021 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			