

EMERGENCY MEDICAL SERVICES AUTHORITY

PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875



NOTICE OF CHANGE OF ADDRESS



Personal Information

Name: _____
Last First MI

Paramedic License Number: _____
P #

Phones: _____
Home Work Cell

Email Address: _____



NEW or Correct Residence Address

Street # & Name

City, State, Zip



NEW or Correct Mailing Address

Street # & Name

City, State, Zip

Old Residence Address

Street # & Name

City, State, Zip

Old Mailing Address

Street # & Name

City, State, Zip

Signature of Paramedic: _____ Date: _____

PLEASE MAIL, FAX or EMAIL ADDRESS CHANGE TO:
EMERGENCY MEDICAL SERVICES AUTHORITY
Attention: Paramedic Licensure Unit
10901 Gold Center Drive, Ste. 400
Rancho Cordova, CA. 95670-6073
Or
FAX: 916-324-2875
Email to: Paramedic@emsa.ca.gov