Do not add application information to this form.
It will be shredded.

Credit Card Payment Authorization Form

California EMS Authority
Paramedic Licensure Program
10901 Gold Center Drive, STE 400
Rancho Cordova, CA 95670-6073

Name: _____ License Number: P_____
(As it appears on card)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Payment Amount: _____

Zip Code: _____ CVC2 Code (security code) : _____

Signature of Card Holder: _____

Card Type

- ☐ Visa
- ☐ Mastercard
- ☐ Debit