CALIFORNIA EMS AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Dr. Ste. 400, Rancho Cordova, CA. 95670-6073
TELEPHONE (916) 323-9875 / FAX (916) 324-2875

Credit Card Authorization Form

Name:_____ License Number: P:_____
(As name appears on card)

Payment Amount: _____

Credit Card Number: _____

Expiration Date:_____ CVC2 Code (security code): _____

Card Type
- ☐ Visa
- ☐ Mastercard
- ☐ Debit

Signature of Card Holder:_____

If you would like a receipt of payment e-mailed to you, please provide your e-mail address:

_____

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