EMERGENCY MEDICAL SERVICES AUTHORITY
10901 Gold Center Drive, Suite #400
Rancho Cordova, CA. 95670-6073
(916) 322-4336 FAX (916) 324-2875

REQUEST FOR REPLACEMENT PARAMEDIC LICENSE CARD

The fee for replacement of a license shall be $10.

Personal Information

Name: _____ _____ _____
Last First MI

Paramedic License Number: _____
P #

Phones: _____ _____ _____
Home Work Cell

Email Address: _____

Mailing Address

_____
Street # & Name

_____
City, State, Zip

I certify to the loss or destruction of the original license, or have changed my name and am requesting a replacement paramedic license card. ***If the request for a replacement license card is due to a name change, the request shall also include documentation of the name change.***

Signature of Paramedic License Holder: _____

Date: _____

ENCLOSE $10 CHECK OR MONEY ORDER PAYABLE TO: EMS PERSONNEL FUND

MAIL TO:

EMERGENCY MEDICAL SERVICES AUTHORITY
Attn: Paramedic Licensure Unit
10901 Gold Center Drive, Suite #400
Rancho Cordova, CA. 95670-6073

Paramedic Regulations Title 22, Division 9, Chapter 4, Article 5, Section 100164 (h)

A paramedic may request a duplicate license if the individual submits a request in writing certifying to the loss or destruction of the original license, or the individual has changed his/her name. If the request for a duplicate card is due to a name change, the request shall also include documentation of the name change. The duplicate license shall bear the same number and date of expiration as the replaced license.

Paramedic Regulations Title 22, Division 9, Chapter 4, Article 8, Section 100171 (b)(6)

The fee for replacement of a license shall be $10.