CALIFORNIA EMS AUTHORITY
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073
(916) 322-4336

STATE OF CALIFORNIA CENTRAL REGISTRY USER APPLICATION

Scan and email completed form to the MLO Help Desk (mlohelpdesk@emsa.ca.gov)
Review the Central Registry User Guides on our website: Emergency Medical Services Authority - EMT

Instructions

1. **Applicant**: complete Required Information section
2. **Applicant**: sign and date the application in ink; only original signatures accepted
3. **Currently authorized registry user**: sign and date the application in ink; only original signatures accepted

REQUIRED INFORMATION - PLEASE PRINT OR TYPE

1) Request for:

New User ☐

Inactivate Existing User ☐

2) EMT Card Printing:

Card Printing by EMSA ☐

Card Printing by Certifying Entity/LEMSA ☐

APPLICANT NAME: _____
First) **(Last)**

PHONE NUMBER: **Work (___)** _____ **Cell (___)** _____

E-MAIL ADDRESS: _____

Check One of the Following Boxes:

Certifying Entity ☐

LEMSA ☐

Certifying Entity/LEMSA Name: _____

I hereby certify under **penalty of perjury** under the laws of the State of California that all information on this application is true and correct to the best of my knowledge and belief. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any Certifying Entity or Local EMS Agency to validate the request.

I hereby acknowledge that the information contained in the Central Registry is confidential and may only be used for the purposes of which it was collected pursuant to Section 1798.24 of the California Civil Code.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF CURRENTLY AUTHORIZED REGISTRY REQUESTOR: _____

SIGNATURE OF CURRENTLY AUTHORIZED REGISTRY REQUESTOR: _____

DATE: _____ **PHONE NUMBER:** _____