CALIFORNIA EMS AUTHORITY
1930 9TH STREET
SACRAMENTO, CA 95814-7043
TELEPHONE (916) 323-9875

STATE OF CALIFORNIA EMT2010 SYSTEM USER APPLICATION

Instructions

1. Complete the Required Information, including the Certifying Entity or LEMSA that you are applying under.
2. Sign and date the application in ink; only original signatures accepted.
3. Scan and email form to EMTRegistry@emsa.ca.gov. All incomplete applications will be returned.

REQUIRED INFORMATION - PLEASE PRINT OR TYPE

Request for: **New User** ☐

Inactivate Existing User ☐

Change ☐

First Name: _____

Last Name: _____

Check One of the Following Boxes: **Certifying Entity** ☐

LEMSA ☐

Certifying Entity Name: _____

Requested by: _____ **Date:** _____

I certify under 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.

User Phone Number _____

User E-mail Address _____

Requestor Phone Number _____

Requestor E-mail Address _____

Requestor Signature _____ **Date:** _____

FOR EMSA USE:

User ID:

Date Processed: