



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073  
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paramedic@emsa.ca.gov

STATE USE ONLY

Receipt Number: \_\_\_\_\_

Card Type

Visa

Mastercard

Debit

### CREDIT CARD AUTHORIZATION FORM

Name: \_\_\_\_\_ Date of Birth or P-Number: \_\_\_\_\_  
(As name appears on card)

Credit Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_  
\*Only Visa and Mastercard credit cards are accepted

CVC2 Code (Security Code): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

To receive a receipt of payment, please provide your email address:

\_\_\_\_\_

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

*Revised: 09/05/18*

*Created: 04/14/16*