



EMERGENCYMEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400, RANCHO CORDOVA, CA 95670-6073

(916) 322-4336 FAX (916) 324-2875

PERSONAL INFORMATION UPDATE FORM

INSTRUCTIONS:

1. **Complete** applicable sections with updated information.
2. **Sign the form.**
3. **Attach** copies of one of the following:
 - Old and New Driver's Licenses
 - Court Document(s) showing old and new information
 - Certificate(s)
 - Old and new social security number cards
4. **Submit** this form and supporting documents via email, fax, or by mail to:

MAIL: EMERGENCY MEDICAL SERVICES AUTHORITY

Attention: Licensure Unit

10901 Gold Center Drive, Ste. 400

Rancho Cordova, CA. 95670-6073

FAX: 916-324-2875

EMAIL: paramedic@emsa.ca.gov

I want to (Check One) :

PROVIDE A NEW INFORMATION UPDATE

CORRECT AN ERROR IN MY INFORMATION

Current Record:

Name : _____
Last First M.I.

Paramedic number (if already issued): _____

New Information:

(Please only complete the sections for information that has changed)

Name : _____
Last First M.I.

Date of Birth: _____ Social Security Number: _____
(MM/DD/YYYY)

Signature: _____ Date: _____