



CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY  
**PARAMEDIC LICENSURE PROGRAM**  
 10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073  
 TELEPHONE (916) 323-9875 / FAX (916) 324-2875

## STATE OF CALIFORNIA ATTESTATION AND SIGNATURE

**INSTRUCTIONS:**

1. Download and **print** this form.
2. Sign this form **in ink** (blue or other color, **do not sign in black ink**).
3. **Upload** this form on the "Upload Documents" page with "Attestation Signature" as Document Title

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:

DATE OF BIRTH (MM/DD/YY) : <div style="text-align: center; font-size: 2em; margin-top: 10px;">/ /</div>
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I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the State of California. 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 person or agency for information related to my role and function as a paramedic in California.

<b>SIGNATURE OF APPLICANT</b> _____	<b>DATE</b> ____ / ____ / ____
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