




CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Drive, Ste. 400, Rancho Cordova, CA 95670-6073
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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) : / /	Paramedic License Number (Current/Lapsed Paramedics, Only)	
<p>I hereby certify <u>under penalty of perjury</u> 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.</p>		
<div> SIGNATURE OF APPLICANT _____ DATE ____/____/____.</div>		