

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 Gold Center Drive, Suite #400
Rancho Cordova, CA. 95670-6073
(916) 322-4336 FAX (916) 324-2875



REQUEST FOR REPLACEMENT PARAMEDIC LICENSE CARD

The fee for replacement of a license shall be \$10.



Personal Information

Name: _____
Last First MI

Paramedic License Number: _____
P #

Phones:

_____ Home Work Cell

Email Address: _____



Mailing Address

_____ Street # & Name

_____ City, State, Zip

I certify to the loss or destruction of the original license, or have changed my name and am requesting a replacement paramedic license card. *If the request for a replacement license card is due to a name change, the request shall also include documentation of the name change.*

Signature of Paramedic License Holder: _____

Date: _____

ENCLOSE \$10 CHECK OR MONEY ORDER PAYABLE TO: EMS PERSONNEL FUND

MAIL TO:

EMERGENCY MEDICAL SERVICES AUTHORITY

Attn: Paramedic Licensure Unit

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Paramedic Regulations Title 22, Division 9, Chapter 4, Article 5, Section 100164 (h)

A paramedic may request a duplicate license if the individual submits a request in writing certifying to the loss or destruction of the original license, or the individual has changed his/her name. If the request for a duplicate card is due to a name change, the request shall also include documentation of the name change. The duplicate license shall bear the same number and date of expiration as the replaced license.

Paramedic Regulations Title 22, Division 9, Chapter 4, Article 8, Section 100171 (b)(6)

The fee for replacement of a license shall be \$10.

PLEASE ALLOW A MINIMUM OF THIRTY (30) DAYS FOR MAILING BEFORE SUBMITTING YOUR REPLACEMENT CARD REQUEST AND PAYMENT