

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



**REQUEST OF ALTERNATIVE ADDRESS  
TO MAIL EPINEPHRINE CERTIFICATION CARD**

**Name:** \_\_\_\_\_  
**Last**    **First**    **MI**

**EPI Certification Number:** \_\_\_\_\_  
(If already approved)    **C #**

**Phone:**                          \_\_\_\_\_  
**Home**    **Work**    **Cell**

**Email Address:** \_\_\_\_\_



**Alternative  
Mailing  
Address**

\_\_\_\_\_  
**Street # & Name**

\_\_\_\_\_  
**City, State, Zip**

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**PLEASE INCLUDE THIS REQUEST WITH  
YOUR EPINEPHRINE AUTO-INJECTOR CERTIFICATION  
APPLICATION**